

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90043 028 \*\*\*150.00

DOCUMENT # P99000030206

1. Entity Name  
ROJAS LOCKSMITH INC.

Principal Place of Business

551 WEST 34TH PLACE  
HIALEAH FL 33012

Mailing Address

551 WEST 34TH PLACE  
HIALEAH FL 33012

2. Principal Place of Business

7947 W. 15 Lane  
Suite, Apt. #, etc.

3. Mailing Address

7947 W. 15 Lane  
Suite, Apt. #, etc.

City & State

Hialeah, Fl.

City & State

Hialeah, Fl.

Zip

33014

Country

Miami-Dade

Zip

33014

Country

Miami-Dade

4. FEI Number

65-0908110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROJAS, ALCIBIADES J  
551 WEST 34TH PLACE  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7947 W. 15 Lane

City

Hialeah

FL

Zip Code

33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROJAS, ALCIBIADES J  
STREET ADDRESS 551 WEST 34TH PLACE  
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE STD  
NAME ROJAS, AMERICA C  
STREET ADDRESS 551 WEST 34TH PLACE  
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alcibiades S. Rojas 1-14-02 305-821-7554

Date

Daytime Phone #

CR2E034 (9/01)