

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095228

1. Entity Name

A ECONOMY LOCKSMITH CORP.

Principal Place of Business

3228 WEST 70TH TERRACE
HIALEAH FL 33018

Mailing Address

3228 WEST 70TH TERRACE
HIALEAH FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0969857

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAVIESAS, ADOLFO H
3228 WEST 70TH TERRACE
HIALEAH FL 33018

Name

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

City

FL

Zip Code

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

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, 2001 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

Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE PD
NAME TRAVIESA, ADOLFO H
STREET ADDRESS 3228 WEST 70TH TERRACE
CITY-ST-ZIP HIALEAH FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME TRAVIESA, BERNICE
STREET ADDRESS 3228 WEST 70TH TERRACE
CITY-ST-ZIP HIALEAH FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Name of Signing Officer or Director

04/24/01

(305) 819-8340

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

010153

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90092 043 ***150.00

CR2E034 (10/00)