

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90094 045 ***150.00

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DOCUMENT # S35158

1. Entity Name
SOUTH FLORIDA LOCKSMITH, CORP.

Principal Place of Business
1782 S.W. 1 STREET
MIAMI FL 33135

Mailing Address
12558 SW 88ST
MIAMI FL 33186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0244451**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAJIGAS, LAZARA
10001 WEST FLAGLER ST APT M1310
MIAMI FL 33174

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAGIGAS, JOSE N	
STREET ADDRESS	1782 SW 1 ST	
CITY-ST-ZIP	MIAMI FL 33135 <i>MIAMI FL 33135</i>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAGIGAS, RAMIRO E.	
STREET ADDRESS	1782 S.W. 1 STREET <i>12558 SW 88ST</i>	
CITY-ST-ZIP	MIAMI FL 33135 <i>MIAMI FL 33186</i>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAJIGAS, LAZARA	
STREET ADDRESS	10001 W FLAGLER ST APT M 1310 <i>12558 SW 88ST</i>	
CITY-ST-ZIP	MIAMI FL 33174 <i>MIAMI FL 33186</i>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of Jose N. Cagigas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jose N. Cagigas/Pres.** **3-18-02**
 Date Daytime Phone # **3056889694**

CR2E034 (9/01)