## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## May 07, 2000 8:00 am Secretary of State **DOCUMENT # G52341** 1. Entity Name 05-07-2000 90012 003 \*\*\*150.00 AUTOMATED ELECTRONICS, INC. Principal Place of Business Mailing Address 17601 SW 59TH CT 17601SW 59TH CT FORT LAUDERDALE FL 33331-2347 FT LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2389503 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUPO. CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 17601 SW 59TH CT FT LAUDALE FL 33331 City Zip Code 8. The above named entity sharing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE! Signature apped or printed name of registered agent and title if conlicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, SDP Change ☐ Addition TITLE Delete LUPO, CHRISTINE A NAME NAME STREET ADDRESS STREET ADDRESS 17601 SW 59TH CT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33331 ☐ Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE \_\_ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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 trubtee 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 artachment with an appears, with all other like empowered.

**FILED** 

CR2E034 (9/99)