

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87150

1. Entity Name

ELECTRONICS-LAS FABRICAS, INC.

FILED

02 MAY -1 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145		Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145	
2. Principal Place of Business 2300 Coral Way Suite, Apt. #, etc. Suite # 200 City & State Miami, Florida		3. Mailing Address 2300 Coral Way Suite, Apt. #, etc. Suite # 200 City & State Miami, Florida	
Zip 33145	Country US	Zip 33145	Country US
4. FEI Number 65-0205385		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145		7. Name and Address of New Registered Agent 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 AMADA CANTERA LOPEZ, President 4/30/02
Signature typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY - ST - ZIP	DST GUTMAN, GENA 115 NE THIRD AVE MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400005461834-88 -05/06/02--01045--013 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GUTMAN, SALOMON 115 NE THIRD AVE MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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)(l), 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 an officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALOMON GUTMAN, President

4/20/02 Date Daytime Phone #

CR2E034 (9/01)