

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90314 029 ***150.00

DOCUMENT # P93000050087

1. Entity Name

DADE BULB, INC.

Principal Place of Business

Mailing Address

12451 S DIXIE HWY
 MIAMI FL 33156
 US

4100 N. POWERLINE ROAD
 SUITE H-5
 POMPANO BEACH FL 33073-3041
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0424327

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEROWSKY, JAKE
 4100 N POWERLINE RD
 STE H-5
 POMPANO BEACH FL 33073

Name

Leave as is - NO CHANGE

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

City

FL

Zip Code

J. GERSOWSKY
CONTROLLER
954-984-9136

8. The above named entity submits this statement of purpose for 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

4/28/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **S** Delete
 NAME **GEROWSKY, JAKE**
 STREET ADDRESS **4100 N POWERLINE RD STE H-5**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE **VP** Change Addition
 NAME **CIVIN, STANLEY**
 STREET ADDRESS **10382 BUENA VENTURA DR.**
 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE **P** Delete
 NAME **HENNINGS, ASHLEY**
 STREET ADDRESS **12451 S DIXIE HWY**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **STOLLER, PETER**
 STREET ADDRESS **6519 VIA BENITA**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 the owner or 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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. GERSOWSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28

J. GERSOWSKY
CONTROLLER
954-984-9136

CR2E034 (9/99)