

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90002 011 ***150.00

DOCUMENT # 183600

1. Entity Name

ASSOCIATED DISPLAY CORPORATION

Principal Place of Business

**2187 SW 1ST STREET
 MIAMI FL 33135
 US**

Mailing Address

**2187 SW 1ST ST
 MIAMI FL 33135
 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 **59-0737281**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HASKIN, VIRGINIA S
 2187 SW 1ST ST
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **ZOELLER, CYNTHIA H.**
 Street Address (P.O. Box Number is Not Acceptable)
2187 SW 1ST STREET
 City **MIAMI, FL** Zip Code **33135**

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 *Cynthia H. Zoeller* **CYNTHIA H. ZOELLER, PRESIDENT** **4/19/02**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	BEAN, VALERIE H	
STREET ADDRESS	2335 JURADO AVE	
CITY-ST-ZIP	HACIENDA HGTS CA 91745	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZOELLER, CYNTHIA M	
STREET ADDRESS	2187 SOUTHWEST FIRST ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HASKIN, VIRGINIA S	
STREET ADDRESS	2187 SOUTHWEST FIRST ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, VALERIE H	
STREET ADDRESS	2335 JURADO AVE	
CITY-ST-ZIP	HACIENDA HGTS, CA 91745	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOELLER, CYNTHIA H	
STREET ADDRESS	2187 SW FIRST ST	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER ZOELLER, ROGER J.	
STREET ADDRESS	2187 SW FIRST ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAN, WALTER S	
STREET ADDRESS	2335 JURADO AVE.	
CITY-ST-ZIP	HACIENDA HGTS, CA 91745	
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: *Cynthia H. Zoeller* **CYNTHIA H. ZOELLER** **4/18/02** **305-642-6262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0217076 AV

CR2E034 (9/01)