

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90060 023 ***158.75

DOCUMENT # 640877

1. Entity Name

PANELTRONICS INCORPORATED

Principal Place of Business

**11960 N.W. 87 COURT
HIALEAH GARDENS FL 33016**

Mailing Address

**11960 N.W. 87 COURT
HIALEAH GARDENS FL 33016**

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 **59-1961582**

Applied For

Not Applicable

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****PELAEZ, PEDRO R.
11960 NW 87 COURT
HIALEAH FL 33016-8912**

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, 2001 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	☐ Delete
D	PELAEZ, MARTA	6930 MAPLE TERR	MIAMI LAKES FL	☐
PD	PELAEZ, PEDRO R	6930 MAPLE TERR	MIAMI LAKES FL	☐
VD	PELAEZ, PEDRO JR	16329 NW 84 AVE	MIAMI FL	☐
S	PELAEZ, RAUL	17435 NW 86 AVE	MIAMI FL	☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
		8475 NW 168 TERRACE	MIAMI LAKES, FL 33016	☒	☐
		8475 NW 168 TERRACE	MIAMI LAKES, FL 33016	☒	☐
				☐	☐
				☐	☐
				☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

3/15/01

Date

305-823-9777

Daytime Phone #

CR2E034 (10/00)