## VO2-0224

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NA

E OF SIGNING OFFIC

OR DIRECTOR

SIGNATURE: .

## FILED Feb 21, 2001 8:00 am Secretary of State **DOCUMENT # 675796** 1. Entity Name TEI ELECTRONICS INC. 02-21-2001 90018 001 \*\*\*150.00 Principal Place of Business Mailing Address 570 W 18TH ST 570 W 18TH ST PO BOX 246 ZIP 33011 PO BOX 246 ZIP 33011 **NANTATO7** HIALEAH FL 33010 HIALEAH FL 33010 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2064846 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUNIZ. MIREYA A Street Address (P.O. Box Number is Not Acceptable) 7900 OLD CUTLER RD **CORAL GABLES FL 33143** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE SD ☐ Delete TITLE NAME NAME ALONSO, ALTAGRACIA STREET ADDRESS STREET ADDRESS 3003 GRANADA BLVD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition Change TITLE ☐ Delete TITLE PD NAME NAME ALONSO, DANILO STREET ADDRESS STREET ADDRESS 3003 GRANADA BLVD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Change ☐ Addition TITLE TITLE VTD ☐ Delete NAME NAME MUNIZ, MIREYA A STREET ADDRESS STREET ADDRESS 7900 OLD CUTLER RD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33143 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if