

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90071 013 ***150.00

DOCUMENT # F96000000324

1. Entity Name
COAXIAL COMPONENTS CORP.



Principal Place of Business
**10619 STONEBRIDGE BLVD.
BOCA RATON FL 33498**

Mailing Address
**10619 STONEBRIDGE BLVD.
BOCA RATON FL 33498**

2. Principal Place of Business
10547 STONEBRIDGE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
10 DA VINCE DRIVE
Suite, Apt. #, etc.

City & State
BOCA RATON, FL
Zip
33498

City & State
BOHEMIA, N.Y.
Zip
11716

4. FEI Number
11-2776481

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEIMAN, SOL
1020 N.W. 88TH WAY
PLANTATION FL 33322

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P LEIMAN, DAVID A**
STREET ADDRESS **10619 STONEBRIDGE BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☒ Change ☐ Addition
NAME **P LEIMAN, DAVID A**
STREET ADDRESS **10547 STONEBRIDGE BLVD.**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☒ Delete
NAME **S LEIMAN, SOL**
STREET ADDRESS **1020 NW 88TH WAY**
CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 **561-852-3641**
Date Daytime Phone #

CR2E034 (10/02)