

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91546 049 ***150.00

DOCUMENT # F98000004504

1. Entity Name

EXOR ELECTRONIC RESEARCH AND DEVELOPMENT, INC.

Principal Place of Business

**3420 FAIRLANE FARMS RD
 WELLINGTON FL 33414**

Mailing Address

**3420 FAIRLANE FARMS RD
 WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1279557

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
 777 S. FLAGLER DR, SUITE 500E
 WEST PALM BEACH FL 33401**

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.

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, 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 **C** ☐ Delete
 NAME **VENTURELLI, FOSCO**
 STREET ADDRESS **9 SAN GIOVANNI LUPATOTO**
 CITY-ST-ZIP **37057 VERONA ITALY**

TITLE **D** ☐ Delete
 NAME **GASTALDIN, GAETANO**
 STREET ADDRESS **9 SAN GIOVANNI LUPATOTO**
 CITY-ST-ZIP **37057 VERONA ITALY**

TITLE **D** ☐ Delete
 NAME **GIESEPPE, MIGLIORNI**
 STREET ADDRESS **9 SAN GIOVANNI LUPATOTO**
 CITY-ST-ZIP **37057 VERONA ITALY**

TITLE **P** ☒ Delete
 NAME **WESTFIELD, EDWARD**
 STREET ADDRESS **12752 MEADOWBREEZE DR**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME **BURGESS, PETER**
 STREET ADDRESS **3420 FAIRLANE FARMS RD**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Change ☒ Addition
 NAME **PORTIOLI, ANDREA**
 STREET ADDRESS **9 SAN GIOVANNI LUPATOTO**
 CITY-ST-ZIP **37057 VERONA ITALY**

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

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

TITLE ☐ Change ☐ Addition
 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 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:

PETER BURGESS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

561-753-2250
 Daytime Phone #

CR2E034 (9/01)