

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006189

1. Entity Name

BREAKERS & CONTROLS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90200 028 ***150.00

Principal Place of Business

Mailing Address

6861 S.W. 196ST AVENUE
STE #301
PEMBROKE PINES FL 33332

6861 S.W. 196ST AVENUE
STE #301
PEMBROKE PINES FL 33332

2. Principal Place of Business

3. Mailing Address

20 COLFAX AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLIFTON NJ

4. FEI Number

22-3184196

Applied For

Not Applicable

Zip

Country

Zip

Country

07013

USA

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

SEPULLEDA, EDWARD
1442 SAND PIPER CIRCLE
WESTON FL 33327

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, 2000 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	SEPULLEDA, EDWARD	1442 SANDPIPER CIRCLE	WESTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	CONFESSOR, LOUIS	14 HEATHERWOOD LANE	BEDMINISTER NJ	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

Daytime Phone #

3-14-00

1-800-523-9065

CR2E034 (9/99)