2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PI

FILED Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # G53127** 1. Entity Name FELCO PRODUCTS, INC. 04-18-2000 90179 040 ***150.00 Principal Place of Business Mailing Address % ELIAS S. HURWITZ % ELIAS S. HURWITZ 1928 MEARS PKWY. 1928 MEARS PKWY. MARGATE FL 99063-9701 MARGATE FL 33063 3. Mailing Address 2. Principal Place of Business P.O. BOX 5504 N.W 77 TERR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2322904 SPRINGS SPRINGS CORAL ORAL Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired **3075**-9265 USA Fee Required 330.6 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELIAS HURWITZ HURWITZ, ELIAS S. Street Address (P.O. Box Number is Not Acceptable) N.W. 1928 MEARS PKWY. MARGATE FL 33063 City CRAL 72MER97 d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above PRESIDENT (NOTE, negistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy hathtai \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition DP TITLE ☐ Delete TITLE HURWITZ, ELIAS S NAME NAME STREET ADDRESS STREET ADDRESS 5504 N.W. 77TH TERRACE CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS. FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 espiver 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 attackment with an address, with all other like empowered.