2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # G53588** 1. Entity Name 04-28-2000 90046 043 ***158.75 RALTRON ELECTRONICS CORPORATION Mailing Address Principal Place of Business % ALEXANDRE WOLLOCH ~ ALEXANDRE WOLLOCH 2315 N.W. 107 AVENUE A-25 -31- N.W. 107 AVENUE A-25 MIAMI FL 33172-2164 FL 33172 3. Mailing Address 2. Principal Place of Business 0651 NW 10651 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2342778 Mia<u>mi</u> Not Applicable Miam-\$8.75 Additional Country 5. Certificate of Status Desired 33172 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOLLOCH, ALEXANDRE 2315 N.W. 107TH AVENUE A-25 MIAMI FL 33172 City Miami entity submits this statement for the durpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE sature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) S ☐ Delete TITLE TITLE NAME KNECHT, RICHARD NAME 10651 NW STREET ADDRESS STREET ADDRESS 2315 N.W. 107TH AVE. CITY-ST-7IP CITY-ST-ZIP Miami, MIAMI FL Change Addition Delete TITLE TITLE NAME WOLLOCH, ALEXANDRE NAME STREET ADDRESS STREET ADDRESS 4495 NAUTILUS DR. CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33140 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CitY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

☐ Change

Addition