

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90251 039 ***150.00

A0065862

DO NOT WRITE IN THIS SPACE

DOCUMENT # H33222 1. Entity Name MIAMI ELECTRONICS CENTER, INC.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 		Mailing Address 			
2. Principal Place of Business 1115 N. SHORE DRIVE Suite, Apt. #, etc.		3. Mailing Address 1115 N. SHORE DRIVE Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL Zip: 33141-2443 County:		City & State MIAMI BEACH, FL Zip: 33141-2443 Country:			
4. FEI Number 59-2469250				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MUHTAR, EZEQUIEL 1115 N. SHORE DRIVE MIAMI BEACH, FL 33141	
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 _____ (NOTE: Registered Agent signature required when constituting) 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, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing ☐ \$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	DST MUHTAR, FRIEDA 1115 N. SHORE DRIVE MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUHTAR, RAQUEL 1115 N. SHORE DRIVE MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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:		EZEQUIEL MUHTAR		4/26/01 305-868-4061	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(Keyman Phone #)	

CR2E034 (11/00)