

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03990

1. Entity Name

ELECTRONIC DESIGN SPECIALISTS, INC.

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90363 029 ***150.00

0000079

Principal Place of Business

% DAVID T. MIGA
4647 APPALACHIAN ST.
BOCA RATON FL 33428
US

Mailing Address

% DAVID T. MIGA
4647 APPALACHIAN ST.
BOCA RATON FL 33428
US

134322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21621 REFLECTION LANE
Suite, Apt. #, etc.

3. Mailing Address

21621 REFLECTION LANE
Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

Country

33428

USA

Country

Country

4. FEI Number

59-2714651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIGA, DAVID T.
4647 APPALACHIAN ST
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

21621 REFLECTION LANE

City

BOCA RATON

FL

Zip Code

33428

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

David T. Miga

DAVID T. MIGA, PRES

3/26/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MIGA, DAVID T.
4647 APPALACHIAN ST
BOCA RATON FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
21621 REFLECTION LANE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

David T. Miga

DAVID T. MIGA PRES

Date

Daytime Phone #

3/26/01 901-487-6103

CR2E034 (10/00)