2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am & Secretary of State **DOCUMENT #** L03624 1. Entity Name H.I.C. ELECTRONICS, INC. Mailing Address Principal Place of Business 7345 SW 19TH ST ROAD 7345 SW 19TH ST ROAD **MIAMI FL 33155** MIAMI FL 33155. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. Applied For 4. FEI Number City & State City & State 65-0150075 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hoffman, Robert M. reet Address (P.O. Box Number is Not Acceptable) HOFFMAN, ROBERT M. 5975 SUNSET DR., PH 802 9155 So. Dadeland Blvd.. SOUTH MIAMI FL 33143 Zip Code City M<u>iami</u> 33156 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE EDWARDS, FRANK NAME NAME 7345 SW 19TH ST RD STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP 83155 ☐ Change ☐ Addition ☐ Delete TITLE TITLE EDWARDS, GAIL NAME NAME 7345 SW 19TH ST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. MIAMI FL CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE 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 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:

Daytime Phone #