

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19215

1. Entity Name

ASSOCIATED MARINE ELECTRONICS OF BROWARD, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90191 020 ***158.75

6446480



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1100 NE 7TH AVENUE
SUITE A
DANIA FL 33004
US

Mailing Address
1100 NE 7TH AVENUE
DANIA FL 33004
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1100 NE 7TH AVENUE
Suite, Apt. #, etc.
SUITE A

City & State
DANIA, FLORIDA

4. FEI Number 65-0147030
Applied For
Not Applicable

Zip 33004 Country U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPRECHMAN, STEVEN B., P.A.
18305 BISCAYNE BLVD.
SUITE 213
NORTH MIAMI BEACH FL 33160

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 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	DP	<input type="checkbox"/> Delete
NAME	RICHARDSON, WALTER S.	
STREET ADDRESS	1100 NE 7TH AVENUE, SUITE A	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSMAN, JEFFREY	
STREET ADDRESS	1100 NE 7TH AVENUE, SUITE A	
CITY-ST-ZIP	DANIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: W. S. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 954-927-1804

Date Daytime Phone #

CR2E034 (10/00)