## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am § Secretary of State DOCUMENT # L19215 1. Entity Name 05-19-2002 90169 042 \*\*\*150 00 ASSOCIATED MARINE ELECTRONICS OF BROWARD, INC. Principal Place of Business Mailing Address 1100 NE 7TH AVENUE 1100 NE 7TH AVENUE SUITE A SUITE A DANIA FL 33004 DANIA FL 33004 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0147030 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .... -Name SPRECHMAN, STEVEN B., P.A. Street Address (P.O. Box Number is Not Acceptable) 18305 BISCAYNE BLVD. **SUITE 213** NORTH MIAMI BEACH FL 33160 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME RICHARDSON, WALTER S. NAME STREET ADDRESS 1100 NE 7TH AVENUE, SUITE A STREET ADDRESS CITY-ST-ZIP DANIA FL CITY-ST-ZIP ☐ Delete TIT! F □ Change ☐ Addition NAME GROSSMAN, JEFFREY NAME STREET ADDRESS 1100 NE 7TH AVENUE, SUITE A STREET ADDRESS CITY-ST-ZIP DANIA FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME 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

CITY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

FILED