

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L27363**

1. Entity Name

FLORIDA MICRO DEVICES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90012 028 ***150.00

Principal Place of Business % MIGUEL BERTHIN 2576 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066	Mailing Address % MIGUEL BERTHIN 2576 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066-2436
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2. Principal Place of Business 4676 NW 60 LANE	3. Mailing Address PO BOX 970260
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CORAL SPRINGS, FL	City & State COCONUT CREEK, FL
Zip 33067	Country BROWARD
Zip 33097	Country BROWARD

4. FEI Number 65-0156632	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERTHIN, MIGUEL 2576 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066	7. Name and Address of New Registered Agent Name BERTHIN, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 4676 NW 60 LANE City CORAL SPRINGS FL Zip Code 33067
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERTHIN, MIGUEL		NAME BERTHIN, MIGUEL	
STREET ADDRESS 2576 CARAMBOLA CIR NORTH		STREET ADDRESS 4676 NW 60 LANE	
CITY-ST-ZIP COCONUT CREEK FL		CITY-ST-ZIP CORAL SPRINGS, FL 33067	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIRO, FRANCISCO		NAME	
STREET ADDRESS 14605 SW 59 TERR		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33183		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000 **954.973.7200**
Day Daytime Phone #