

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006773 AF

DOCUMENT # L94000000411

1. Entity Name
INCOMP ELECTRONICS USA, L.C.

00 APR 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4731 W. ATLANTIC AVENUE
B13
DELRAY BEACH FL 33445

Mailing Address
4731 W. ATLANTIC AVENUE
B13
DELRAY BEACH FL 33445-3838



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0514413

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

mum

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULTON, DRAKE
11211 S. MILITARY TRAIL, #4324
BOYNTON BEACH FL 33436

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGBM
FULTON, DRAKE
2519 N. OCEAN BLVD., APT. 206
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900003238969-5
-05/04/00-01010--013
*****50.00 *****50.00

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

MGBM
HAIMAGYI, JOSEPH
H-2120 DUNAKESZI FO UT 35
BUDAPEST HUNGARY

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/18/00

Date

Daytime Phone #

CR2E083 (9/99)