

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24160

1. Entity Name

FLORIDA INDUSTRIAL ELECTRONICS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90026 011 ***150.00

Principal Place of Business

Mailing Address

1300 N. FLAMINGO ROAD
SUITE 14A
W. PALM BCH. FL 33409
US

1300 N. FLAMINGO ROAD
SUITE 14A
W. PALM BCH. FL 33409
US

2. Principal Place of Business

3. Mailing Address

1100 N. FL. MANGO ROAD

1100 N. FL. MANGO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE H

SUITE H

City & State

City & State

W. PALM BEACH, FL

W. PALM BEACH, FL

Zip

Country

Zip

Country

33409

U.S.

33409

U.S.

4. FEI Number

59-2608699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESQUIVEL, HERMAN
725 KITTYHAWK WAY
NORTH PALM BCH FL 33408

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)

4/12/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESQUIVEL, HERMAN	
STREET ADDRESS	725 KITTYHAWK WAY	
CITY-ST-ZIP	NORTH PALM BCH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCOGGINS, CAROLYN	
STREET ADDRESS	725 KITTYHAWK WAY	
CITY-ST-ZIP	NORTH PALM BCH 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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10158 ASPEN WAY	
CITY-ST-ZIP	P.B.G., FL 33410	
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
NAME		
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:

ESQUIVEL, HERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/00 (561)686-8400

Daytime Phone #

CR2E034 (9/99)