

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90008 005 ***150.00

DOCUMENT # M24160

1. Entity Name

FLORIDA INDUSTRIAL ELECTRONICS, INC.

130840



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1100 N. FL MANGO RD.
SUITE H
W. PALM BCH. FL 33409
US

Mailing Address
1100 N. FL MANGO RD.
SUITE H
W. PALM BCH. FL 33409
US

2. Principal Place of Business
1547 N. FL MANGO RD.
 Suite, Apt. #, etc.
BLDG 14-6
 City & State

3. Mailing Address
1547 N. FL MANGO RD.
 Suite, Apt. #, etc.
BLDG 14-6
 City & State

Zip Country
 Zip Country

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
ESQUIVEL, HERMAN
725 KITTYHAWK WAY
NORTH PALM BCH FL 33408

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESQUIVEL, HERMAN 725 KITTYHAWK WAY NORTH PALM BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCOGGINS, CAROLYN 725 KITTYHAWK WAY NORTH PALM BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Herman Esquivel / HERMAN ESQUIVEL / PRESIDENT / 4/25/01** **561-686-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)