

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90936 015 \*\*\*150.00

0312789 AV

**DOCUMENT # M37235**  
**1. Entity Name**  
**MONICOR ELECTRONIC, CORPORATION**

**Principal Place of Business**      **Mailing Address**  
**2964 NW 60TH ST**      **2964 NW 60TH ST**  
**FT LAUDERDALE FL 33309**      **FT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>59-2709763</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>Not Applicable</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75-Additional Fee Required</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>SPITTLER JR, JOHN J</b> <b>4665 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL 33143</b>				<b>Name</b>			
				<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
				<b>City</b>		<b>FL</b>	

**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** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>THORN, DALE</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>5797 SW 31ST ST.</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33155</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MILLER, MONROE A. JR</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>4884 RABBIT HOLLOW DR</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>BOCA-RATON FL</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MILLER, MONROE A., SR.</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1000 CAMP BRANCH ROAD</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>WAYNESVILLE NC</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> Delete	<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BURNS, DIANE</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1727 N. VICTORIA PARK</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE FL 33305</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			

**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:** Monroe A. Miller, Jr. **3-26-02** **954-979-1907**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)