## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## M51476 **DOCUMENT #**

1. Entity Name

STRAK ELECTRONICS INTERNATIONAL CORPORATION



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90182 006 \*\*\*150.00

						COO WE TR				
Principal Place 1844N NOB H STE 405 PLANTATION	-	1844 Ste	Mailing Address 1844N NOB HILL RD STE 405 PLANTATION FL 33322				I KANDONK YALANDI NUMBU DINI DINA MUMBU	r) Pièth Breit Gie	II Ofoit Alem teor	
2. Principal P	Place of Busine	3. Ma	3. Mailing Address							
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			$\dashv$	☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State .			4.	4. FEI Number 59-2807361		Applied For
Zip 		Country	Zip		Coun	try	5.	Certificate of Status Desired	<b>\$8.75</b> A Fee Requir	Not Applicable  dditional
	6. Name a	nd Address of Curr	ent Register	ed Agent			~ 7.	Name and Address of New Registered		
ALVADEZ	EARIO					Name				
ALVAREZ,						Street Address	s (P.O. F	Box Number is Not Acceptable)		
522 WEST		. A. T								
PLANTATIO	ON FL 33324	1 1								
					Ì	City	·	F	Zip Co	
8. The above of the obligation	named entity s	submits this statemen	t for the purp	ose of changing its	registere	ed office or regist	ered ag	gent, or both, in the State of Florida. I am	1 1 familiar with	n. and accept
uic gailgail	ons of register	7 n							•	, = 0 0000
SIGNATURE	<u> </u>	· Clb						2-10	)-03	
· · · · · ·	Signature, typed or	printed name of registered ag	ent and title if app	ficable. (NOT	E: Registered	Agent signature requir	ed when re	einstating) DATE	<u> </u>	<del></del>
FIL	LÉ NOW!!!	FEE IS \$150.00				-			<del></del>	
After	May 1, 2003	Fee will be \$550.0	0					9. Election Campaign Financing	\$5.0	00 мау Ве
	Payable to F	iorida Department				-		Trust Fund Contribution.	ل Adde	ed to Fees
10.		OFFICERS AN	ID DIRECTO	RS	11.		ΑĎ	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	3S IN 11
	PD			☐ Defete	TITLE				☐ Change	☐ Addition
NAME Street address	ALVAREZ, S 522 WESTRI	IELLA EE LANC			NAME					
	PLANTATION					T ADDRESS	•			
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AME				Delete	: TITLE NAME	]			☐ Change	☐ Addition
TREET ADDRESS						ADDRESS		·		
TY-ST-ZIP					CITY-ST					
OF THE LATER OF	KHIIOO OF IDO 16	ormation supplied wi supplemental report sceiver or trustee emp nent with an address,	munerad to	and the state of t	he exemp	otion stated in Se	ction 1 same le , Florida	19.07(3)(i), Florida Statutes. I further cert gal effect as if made under oath; that I a a Statutes; and that my name appears in	ify that the in m an officer in Block 10 or	iformation or director Block 11 if

SIGNATURE:

SSTULL CHUZEQUIREDSTELLA ALVAREZ

(954)452 4375