

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-07-2001 90009 035 ***550.00

DOCUMENT # P00000027264

1. Entity Name

DONGLING ELECTRICAL GROUP USA, INC.

Principal Place of Business

**20191 EAST CUNTRY CLUB DRIVE SUITE 807
 AVENTURA FL 33180**

Mailing Address

**20191 EAST CUNTRY CLUB DRIVE SUITE 807
 AVENTURA FL 33180**

2. Principal Place of Business

20191 EAST Country Club DR

3. Mailing Address

20191 EAST Country Club DR

Suite, Apt. #, etc.

PH1

Suite, Apt. #, etc.

PH1

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number

65-1011592

Applied For

Not Applicable

Zip

Country

33180

Zip

Country

33180

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

**PERLOW, JEFFREY M
 C/O FROMBERG, PERLOW & KORNK, P.A.
 20801 BISCAYNE BLVD., SUITE 505
 AVENTURA FL 33180**

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. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☒ Delete
 NAME **GLUCKSBERG, KELSEA**
 STREET ADDRESS **20191 EAST COUNTRY CLUB DRIVE SUITE 807**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **PH1** ☐ Delete
 NAME **LIOR, SHARON G**
 STREET ADDRESS **20191 EAST COUNTRY CLUB DRIVE SUITE 807**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **LIOR, SHARON G**
 STREET ADDRESS **20191 EAST COUNTRY CLUB DR**
 CITY-ST-ZIP **PH1**

TITLE ☐ Change ☒ Addition
 NAME **COHEN, HELENA**
 STREET ADDRESS **45 HOMERWOOD ROAD**
 CITY-ST-ZIP **WABAN, MA 02168**

TITLE ☐ Change ☐ Addition
 NAME **S/T**
 STREET ADDRESS **SUGAR PENSABENE**
 CITY-ST-ZIP **46 CORRIGAN WAY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/03/01 305-933-3183

CR2E034 (5/01)