

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90181 041 ***158.75

DOCUMENT # P00000031217

1. Entity Name
NAUTICA ELECTRIC INC

Principal Place of Business

892 NW 135TH CT
MIAMI FL 33182

Mailing Address

892 NW 135TH CT
MIAMI FL 33182

00000010



2. Principal Place of Business

16 SW 123AVE

3. Mailing Address

16 SW 123AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami FL

City & State

miami FL

4. FEI Number 65-1002128

Applied For

Not Applicable

Zip 33184

Country U.S.

Zip 33184

Country U.S.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORTA, JORGE
892 NW 135TH CT
MIAMI FL 33182

→ NEW ADDRESS

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

16 SW 123AVE

City

miami

FL

Zip Code

33184

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD ☐ **Delete**
NAME ORTA, JORGE
STREET ADDRESS 892 NW 135TH CT
CITY-ST-ZIP MIAMI FL 33182

TITLE SD ☐ **Delete**
NAME ORTA, ELIZABETH C
STREET ADDRESS 892 NW 135TH CT
CITY-ST-ZIP MIAMI FL 33182

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ **Change** ☐ **Addition**
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)