FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am P00000032147 DOCUMENT # **Secretary of State** 1. Entity Name 07-31-2001 90235 030 ***558.75 ENGINEERED CONTROL SYSTEMS, INC. Principal Place of Business Mailing Address 6495 SW 24 STREET 6495 SW 24 STREET MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 7745 SW 73 7745 SW 73 PLACE PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FLORIDA MIAMI MIAMI FLORIDA 65-0995525 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33143 33143 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITTALUGA JOHN PITTALUGA, JOHN C Street Address (P.O. Box Number is Not Acceptable) **6495 SW 24 STREET MIAMI FL 33155** PLACE 77 45 ടധ 73 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. PITTALUGA SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DV TITLE TITLE CR2E034 (5/01) ☐ Delete Change ☐ Addition PITTALUGA, JOHN 7745 SW 73 PLACE NAME PITTALUGA. JOHN NAME STREET ADDRESS **6495 SW 24 STREET** STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 33143 OΡ TITLE PD ☐ Delete Change ☐ Addition PITTALUGA, YANET 7745 SW 73 PLACE NAME PITTALUGA, YANET STREET ADDRESS 6495 SW 24 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP MIAMI, FLORING 33143 TITLE Delete. THLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: