2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 23, 2002 8:00 am P00000032147 **DOCUMENT #** Secrétary of State 1. Entity Name 07-23-2002 90325 023 ***558.75 ENGINEERED CONTROL SYSTEMS, INC. Principal Place of Business Mailing Address 7745 SW 73 PLACE 7745 SW 73 PLACE MIAMI FL:33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0995525 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired **X**. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PITTALUGA, JOHN C Street Address (P.O. Box Number is Not Acceptable) 7745 SW 73 PLACE MIAMI FL 33143 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE PITTALUGA, JOHN NAME NAME 7745 SW 73 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP ☐ Addition Change PD ☐ Delete TITLE PITTALUGA, YANET NAME NAME STREET ADDRESS 7745 SW 73 PLACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRESIDENE JOHN C. PITTALLEA.

☐ Delete

Change

☐ Addition