

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92184 022 ***158.75

DOCUMENT # P00000032147

1. Entity Name

ENGINEERED CONTROL SYSTEMS, INC.



80113127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7745 SW 73 PLACE

3. Mailing Address
7745 SW 73 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number 65-0995525

Applied For
Not Applicable

Zip
33143

Country
USA

Zip
33143

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PITTALUGA, JOHN C.

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

7745 SW 73 PLACE

City MIAMI

FL

Zip Code
33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PITTALUGA, JOHN C. 7745 SW 73 PLACE MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PITTALUGA, YANET 7745 SW 73 PLACE MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (305) 986-8855
Date Daytime Phone #

CR2E034B (12/02)