# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 20, 2001 8:00 am**
**Secretary of State**
03-29-2001 90366 047 ***150.00

DOCUMENT # P00000054062

1. Entity Name
ONIKA ELECTRONICS CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 2500 PARK VIEW DR #604<br>HALLANDALE FL 33009 | 2500 PARK VIEW DR #604<br>HALLANDALE FL 33009 |

(LA)

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-1023927 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| NATIONSCORP REGSITERED AGENTS, INC.<br>526 E PARK AVE<br>TALLAHASSEE FL 32301 | Name LEOPOLDO G. RIOS<br>Street Address (P.O. Box Number is Not Acceptable) 1800 W. 49TH STREET SUITE 301<br>City HIALEAH FL Zip Code 33012 |

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 L Rios 03/26/2001
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, 2001 Fee will be $550.00**
**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR-PRESIDENT & TREASURER ☐ Delete<br>ROMERO, ALBERTO<br>PISO 7, OFICINA 7-5 BELLO MONTE<br>CARACAS 1050 VENEZUELA | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR-PRESIDENT & TREASURER ☐ Change ☐ Addition<br>ROMERO, ALBERTO<br>PISO 7, OFIC 7-5 BELLO MONTE<br>CARACAS 1050 VENEZUELA |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR - VICEPRESIDENT ☐ Delete<br>DE ROMERO, ALESSANDRA<br>PISO 7, OFICINA 7-5 BELLO MONTE<br>CARACAS 1050 VENEZUELA | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR-VICEPRESIDENT ☐ Change ☐ Addition<br>DE ROMERO, ALEXANDRA<br>PISO 7, OFIC 7-5 BELLO MONTE<br>CARACAS 1050 VENEZUELA |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR-SECRETARY ☒ Delete<br>DE AVALOS, MARISELA<br>PISO 7, OFICINA 7-5 BELLO MONTE<br>CARACAS 1050 VENEZUELA | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR-SECRETARY ☒ Change ☐ Addition<br>GINA DIMARCO<br>PISO 7, OFICINA 7-5 BELLO MONTE<br>CARACAS 1050 VENEZUELA |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

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:** L Rios 03/26/2001 (954) 454-5817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #