

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90067 001 ***150.00

0154500

DOCUMENT # P00000056315

1. Entity Name

EXPOTRONICS ELECTRONICS, INC.

Principal Place of Business

**C/O ROZENCWAIG & GRANOFF
 ONE SE 3RD AVE. STE 960
 MIAMI FL 33131**

Mailing Address

**C/O ROZENCWAIG & GRANOFF
 ONE SE 3RD AVE. STE 960
 MIAMI FL 33131**

2. Principal Place of Business

EXPOTRONICS ELECTRONICS

3. Mailing Address

C/O BLAKESBERG & CO

Suite, Apt. #, etc.

251 E. FLAGLER ST

Suite, Apt. #, etc.

951 SW 4TH AVE

City & State

MIAMI FL

City & State

BOCA RATON FL

Zip

33131

Country

US

Zip

33432-5803

Country

US

4. FEI Number

65-103146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROZENCWAIG, LESLIE ALAN
 C/O ROZENCWAIG & GRANOFF
 ONE SE 3RD AVE, STE 960
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

WILLIAM BLAKESBERG

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

951 SW 4TH AVE

BOCA RATON

City

FL

Zip Code

33432-5803

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

William Blakesberg
WILLIAM BLAKESBERG

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/01

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

TITLE ☐ Delete
 NAME **PD BANON, GERARD**
 STREET ADDRESS **ONE SE 3RD AVE, STE 960**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME **SD CHAYEGAN, STEPHANE**
 STREET ADDRESS **ONE SE 3RD AVE, STE 960**
 CITY-ST-ZIP **MIAMI FL 33131**

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
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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

2/12/01

Date

561-750-8300

Daytime Phone #

CR2E034 (10/00)