

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90059 023 ***150.00

DOCUMENT # P00000086747

1. Entity Name

SOUND ADVICE OF ARIZONA INC.

Principal Place of Business

**1901 TIGERTAIL BLVD.
 DANIA BEACH FL 33004
 US**

Mailing Address

**C/O RICHARD HOMANN
 DANIA BEACH FL 33004
 US**

2. Principal Place of Business

40 Pequot way
 Suite, Apt. #, etc.

3. Mailing Address

40 Pequot way
 Suite, Apt. #, etc.

City & State

Canton MA

City & State

Canton MA

4. FEI Number

65-1039276

Applied For

Not Applicable

Zip

02021

Country

USA

Zip

02021

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DANIELSON, KEN
 1901 TIGERTAIL BLVD.
 DANIA BEACH FL 33004**

7. Name and Address of New Registered Agent

Name

CT Corporation

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

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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 **Keshu Beshouri**

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

(NOTE: Registered Agent signature required when reinstating)

4/17/02

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, 2002 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 **P** ☐ Delete
 NAME **BESHOURI, PETER**
 STREET ADDRESS **1901 TIGERTAIL BLVD**
 CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **TS** ☒ Delete
 NAME **DANIELSON, KENNETH L.**
 STREET ADDRESS **1901 TIGERTAIL BLVD**
 CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **Pr** ☐ 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 **Director** ☒ Change ☐ Addition
 NAME **Beshouri, Peter**
 STREET ADDRESS **40 Pequot way**
 CITY-ST-ZIP **Canton MA 02021**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
 NAME **Stone, Joffrey**
 STREET ADDRESS **40 Pequot way**
 CITY-ST-ZIP **Canton MA 02021**

TITLE **CFO** ☐ Change ☒ Addition
 NAME **McGuire, Joseph**
 STREET ADDRESS **40 Pequot way**
 CITY-ST-ZIP **Canton MA 02021**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/16/02

Date

7818303314

Daytime Phone #

CR2E034 (9/01)