

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90103 026 \*\*\*150.00

0026325 AV

**DOCUMENT # P01000012097**

1. Entity Name  
**ELEXTAM CORP, INC.**



Principal Place of Business  
**6340 PLUNKETT STREET  
HOLLYWOOD FL 32023**

Mailing Address  
**6340 PLUNKETT STREET  
HOLLYWOOD FL 32023**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1099237**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SACCO, ARTHUR  
6340 PLUNKETT STREET  
HOLLYWOOD FL 32023**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. 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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SACCO, ARTHUR</b> <b>6340 PLUNKETT STREET</b> <b>HOLLYWOOD FL 32023</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sacco* 9-9-2003

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
Elex Tam Corp., Inc.

Div. of Picerno Const.  
6340 Plunkett St. Hollywood, FL 33023  
(954) 981-1518 (LIC.) CCC 056818

80147874  
P01000012097

9-4-2003

FEL # 65-1099237

TO: DIVISION OF CORPORATIONS

RE: ELEX TAM CORP., INC.

TO WHOM IT MAY CONCERN,

WE DID NOT RECEIVE A PRIOR NOTICE,  
THIS IS THE ONE AND ONLY NOTICE WE  
DID RECEIVE.

THEREFORE WE WOULD APPRECIATE THE  
WAIVER OF A LATE FEE.

OUR REGULAR MAIL PERSON WAS PUT ON  
ANOTHER ROUTE AND WE ARE LUCKY IF WE  
EVEN RECEIVE THE CORRECT MAIL.

THANK YOU

SINCERELY  
Arthur J. Jaco