

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 24, 2002 8:00 am  
Secretary of State

05-24-2002 91333 012 \*\*\*150.00

DOCUMENT # P01000042552

1. Entity Name

NORTEK SYSTEMS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3615 NE 207TH STREET

3. Mailing Address

3615 NE 207TH STREET

Suite, Apt. #, etc.

SUITE 3312

Suite, Apt. #, etc.

SUITE 3312

DO NOT WRITE IN THIS SPACE

City & State

AVENTURA, FL

City & State

AVENTURA, FL

4. FEI Number

65-1096812

Applied For

Not Applicable

Zip

33180

Country

MIAMI-DADE

Zip

33180

Country

MIAMI-DADE

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

TSIMOGIANNIS, JOHNNY

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

770 PONCE DE LEON BLVD

SUITE 210

City

CORAL GABLES

FL

Zip Code

33134

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
KRIEF, DENIS LEON  
3615 NE 207TH ST, ST 3312  
AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
AISENBERG, ALAIN  
3615 NE 207TH ST, ST 3312  
AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

DENIS LEON KRIEF

04/30/02 305-444-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)