

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90204 020 ***150.00

DOCUMENT # P01000048003

1. Entity Name
ELECTRONIC TESTING SOLUTIONS, INC.



Principal Place of Business
**7230 NW 109TH COURT
MIAMI FL 33178**

Mailing Address
**7230 NW 109TH COURT
MIAMI FL 33178**

2. Principal Place of Business
8227 N.W. 68th St
Suite, Apt. #, etc.

3. Mailing Address
8227 N.W. 68th St
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-1119807**

Applied For
☐ Not Applicable

Zip **33166** Country **United States**

Zip **33166** Country **United States**

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

**SAINT MALO, YESICA
7230 NW 109TH COURT
MIAMI FL 33178**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **SAINT MALO, AQUILINO**
STREET ADDRESS **7230 NW 109TH COURT**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **P** ☒ Change ☐ Addition
NAME **Saint Malo, Aquilino**
STREET ADDRESS **8227 N.W. 68 St**
CITY-ST-ZIP **Miami, FL 33166**

TITLE **VS** ☐ Delete
NAME **SAINT MALO, YESICA**
STREET ADDRESS **7230 NW 109TH COURT**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VS** ☒ Change ☒ Addition
NAME **Saint Malo Yesica**
STREET ADDRESS **8227 N.W. 68 St**
CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

January 21st /03 (305) 594-9989

Daytime Phone #

CR2E034 (10/02)