

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90115 045 ***150.00

DOCUMENT # P01000050281

1. Entity Name
DISCOVER ELECTRONICS INC.

Principal Place of Business
 5028 NW 98TH LN.
 CORAL SPRINGS FL 33076

Mailing Address
 5028 NW 98TH LN.
 CORAL SPRINGS FL 33076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5028 NW 98th LN

3. Mailing Address
 5028 NW 98th LN

Suite, Apt. #, etc.
 Coral Springs

Suite, Apt. #, etc.
 Coral Springs

City & State
 FL

City & State
 FL

4. FEI Number
 65-1028917

Applied For
 Not Applicable

Zip
 33076

Country
 Broward

Zip
 33076

Country
 Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAETE, JOHN
 5028 NW 98TH LN.
 CORAL SPRINGS FL 33076

Name
 Catalina Gaete

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

5028 NW 98th LN

City
 Coral Springs, FL

Zip Code
 33076

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 *John Gaete*
 Signature, typed or printed name of registered agent and title if applicable.

4-4-02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 president
NAME
 catalina Gaete
STREET ADDRESS
 5028 NW 98th LN
CITY-ST-ZIP
 Coral Springs, FL 33076

☐ Delete ☐ Change ☐ Addition

TITLE
 Manager
NAME
 John W. Gaete
STREET ADDRESS
 5028 NW 98th LN, Coral
CITY-ST-ZIP
 Springs, FL 33076

☐ Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete ☐ Change ☐ Addition

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: *John Gaete*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02
 Date

954-227-3826
 Daytime Phone #

CP2E004 (9/01)