

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90157 039 ***150.00

DOCUMENT # *P01000062086*

1. Entity Name

*ELECTRONIC LEAK DETECTION AND
TROUBLESHOOTING Inc*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14481 SW 296TH ST

3. Mailing Address

P.O. Box 924674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEISURE CITY FL

City & State

Miami FL

1. FEI Number

65-1116936

Applied For

Not Applicable

Zip

33033

Country

Zip

33092-4674

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Felix P. Velis

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

14481 SW 296TH ST

City

LEISURE CITY

FL

Zip Code

33033

**DO NOT WRITE
IN THIS SPACE**

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
*P Felix P. Velis
14481 SW 296TH ST
LEISURE CITY, FL 33033*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP
Jorge Medina
6706 SW 44TH ST
Miami, FL 33155*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02