

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90099 021 ***150.00

DOCUMENT # P01000094400

1. Entity Name
BASS BUSTERS ELECTRONICS, INC.



Principal Place of Business
**1052 NE 209TH TERRACE
NORTH MIAMI BEACH FL 33179**

Mailing Address
**1052 NE 209TH TERRACE
NORTH MIAMI BEACH FL 33179**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1151758**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~GILBERT, DOM~~
~~1052 NE 209TH TERRACE~~
~~NORTH MIAMI BEACH FL 33179~~

CHANGE TO

Name **GILBERT, MORDEHAY**
Street Address (Do Not Box or Use Notice of Change)
1052 N.E. 209 TERRACE
NORTH MIAMI BEACH, FL 33179
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 **03/17/03**

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 **PP**
NAME ~~GILBERT, DOM~~
STREET ADDRESS ~~1052 NE 209TH TERRACE~~
CITY-ST-ZIP ~~MIAMI FL 33179~~

CHANGE TO

TITLE **PRESIDENT-DIRECTOR**
NAME **MORDEHAY GILBERT (LAST NAME)**
STREET ADDRESS **1052 N.E. 209 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE
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CITY-ST-ZIP

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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

03/17/03

Date

305-486-9000

Daytime Phone #

CR2E034 (10/02)