## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 07, 2003 8:00 am Secretary of State P02000063401 **DOCUMENT #** 03-24-2003 90643 007 \*\*\*150.00 1. Entity Name ELO'S INTERNATIONAL ELECTRONICS, CORP. 11106677 Principal Place of Business Mailing Address 1000 E ATLANTIC BLVD #205H 1000 E ATLANTIC BLVD #205H POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 75-3063896 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODARTE, EZIO DA VEIGA Street Address (P.O. Box Number is Not Acceptable) 840 CORAL RIDGE DR APT #103 CORAL FL 33071 City 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 01/20/03 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. (10/02)DPV ☐ Addition ☐ Delete TITLE Change TITLE RODARTE, EZIO DA VEIGA NAME NAME 840 CORAL RIDGE DR APT 103 STREET ADDRESS STREET ADDRESS CR2E034 **CORAL SPRINGS FL 33071** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE RODARTE, EZIO DA VEIGA NAME NAME 840 CORAL RIDGE DR APT 103 STREET ADDRESS STREET ADDRESS CITY-ST. 7/P CORAL SPRINGS FL 33071 CITY-ST-ZIP Change Addition TITLE : Delete -TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR <del>da veiga rodarte</del> FILED