

9/8/2003-90322-007-\$150.00-\$150.00

03 SEP 29 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000124416 1. Entity Name ELECTRONIC-LIQUIDATORS, INC.																									
2. Principal Place of Business 10650 NW 30TH PLACE BLDG. 8 APT. 10 SUNRISE, FL 33322		3. Mailing Address 10650 NW 30TH PLACE BLDG. 8 APT. 10 SUNRISE, FL 33322																							
4. Principal Place of Business Suite, Apt. #, etc. BLDG. 8 APT. 10 City & State SUNRISE Zip 33322		5. Mailing Address 10650 NW 30th PL Suite, Apt. #, etc. City & State Zip Country																							
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Filing Number 460508908																							
8. Name and Address of Current Registered Agent GARGUILO, JOHN 10650 NW 30TH PLACE BLDG. 8 APT. 10 SUNRISE, FL 33322		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code																							
10. 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 _____ DATE _____ (Signature, typed or printed name of agent and agent must be a resident of the State of Florida. (NOTE: Registered Agent must be a resident of the State of Florida.)																									
11. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 fee will be \$50.00 Make Check Payable to Florida Department of State		12. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																							
13. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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15. I hereby certify that the information supplied here is true and correct to the best of my knowledge and belief, 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: <i>John Garguilo</i> SIGNATURE AND TYPE PRINT NAME OF REGISTERING OFFICER OR DIRECTOR		Date: 9-4-03 754-234-7673 Date Filing Office																							

CR2E034 (10/02)

9/9/03

Attachment

80145587

P02000124416

I called the number that was posted on sunbiz.org They told me to write a letter explaining that I never received my first letter they also told me to send \$150.00 .

Thank You

John Ciro Garguilo ceo of Electronic-Liquidators inc 09/04/2003