

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20458

1. Entity Name

DYNALCO CONTROLS CORPORATION

Principal Place of Business

3690 NW 53RD ST.
FT. LAUDERDALE FL 33309

Mailing Address

100 FIRST STAMFORD PLACE
STAMFORD CT 06902

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE P
NAME OLIU, J
STREET ADDRESS 3690 NW 53RD STREET
CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Delete

TITLE VP
NAME RAITHEL, M.L.
STREET ADDRESS 100 FIRST STAMFORD PLACE
CITY-ST-ZIP STAMFORD CT 06902 ☐ Delete

TITLE D
NAME BARCH, ROBERT L.
STREET ADDRESS 3690 NW 53RD ST.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE VPC
NAME NOONAN, THOAMS M
STREET ADDRESS 100 FIRST STAMFORD PLACE
CITY-ST-ZIP STAMFORD CT 06902 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOAQUIN OLIU PRESIDENT 4/23/01 (954) 739-4300

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90365 016 ***150.00

UUU43227



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)