

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000705

1. Entity Name

ENVIRONMENTAL LIGHTING SYSTEMS, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90512 016 ***150.00

00019635



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4605 NORFOLK ISLAND-PINE DR
TAMARAC FL 33319
US

Mailing Address

4605 NORFOLK ISLAND-PINE DR
TAMARAC FL 33319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0386423

Applied For

Not Applicable

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

SEMET, LICKSTEIN, MORGENSTERN, BERGER ETAL
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

Name J. Rosen CPA
Street Address (P.O. Box Number is Not Acceptable) 7880 N. University Dr. #201
City Tamarac FL Zip Code 33321

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

J. Rosen CPA 3/14/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BROWN, ED	4605 NORFOLK ISLAND-PINE DR	TAMARAC FL 33319				
T	BLACKMAN, JOE	5706 S TRAVELERS PALM LN	TAMARAC FL				

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

EDWARD BROWN 3/14/01 730-0715
Date Daytime Phone #

CR2E034 (10/00)