

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90242 007 ***150.00

DOCUMENT # *P 93000030766*

1. Entity Name

LIGHTNING ELECTRONICS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

231 E FLORIAN ST.

Suite, Apt. #, etc.

UNIT A

City & State

MIAMI, FL

Zip

33131

Country

US

3. Mailing Address

226 LINCOLN ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

US

4. FEI Number

65-0416205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

SILVER, IRA S

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

150 SE 2ND AVE

City

MIAMI

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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)



10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PS D
SHIMON SWISSA
226 LINCOLN ROAD
MIAMI BEACH, FL 33139*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VPST
BRIGETTE SWISSA
226 LINCOLN ROAD
MIAMI BEACH, FL 33139*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

[Signature]

SHIMON SWISSA

11/29/02

305 538-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)