

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053854

1. Entity Name

ELECTRONIC EQUIPMENT SPECIAL SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90178 046 ***150.00

Principal Place of Business

4027 NW 24TH ST.
MIAMI FL 33142
US

Mailing Address

4027 NW 24TH ST.
MIAMI FL 33142-6715
US

2. Principal Place of Business

1301 N. PALM AVE

3. Mailing Address

1301 N. PALM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0425405

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33026

Country

USA

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

KLEIN, DONALD M
% KLINE MOORE & KLEIN P.A.
2665 S. BAYSHORE DR., SUITE 903
COCONUT GROVE FL 33133

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS RADELL, GEORGE
CITY-ST-ZIP 4027 N.W. 24TH ST.
MIAMI FL 33142

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RADELL, GREGG
CITY-ST-ZIP 4027 N.W. 24TH ST.
MIAMI FL 33142

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RADELL, DANA
CITY-ST-ZIP 4027 N.W. 24TH ST.
MIAMI FL 33142

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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 #

C-1014 (3/98)