2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P9400062428** May 03, 2000 8:00 am Secretary of State R & K ELECTRONICS CORPORATION 05-03-2000 90032 011 ***150.00 Mailing Address Principal Place of Business 1499 S.W. 30TH AVENUE. SUITE 10 1499 S.W. 30TH AVENUE, SUITE 10 BOYNTON BEACH FL 33426-9010 **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0516709 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESPOSITO, ROY A Street Address (P.O. Box Number is Not Acceptable) 1499 SW 30TH AVENUE SUITE 10 **BOYNTON BEACH FL 33426** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD Change Delete TITLE ESPOSITO, ROY A NAME STREET ADDRESS 1499 S.W. 30TH AVENUE, SUITE 10 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE ESPOSITO, ROY A NAME 1499 S.W. 30TH AVENUE, SUITE 10 STREET ADDRESS STREET ADDRESS CITY = ST = ZIP BOYNTON BEACH FL-33426 CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME Street address

☐ Delete

☐ Defete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page 170 (PRES) 4-24-00

(561) -736-0041

Change

Change

☐ Addition

☐ Addition