FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2002 8:00 am Secretary of State P95000079204 **DOCUMENT #** 1. Entity Name 04-23-2002 90413 004 ***150.00 MICRO ASSEMBLY, INC. Mailing Address Principal Place of Business 1629 SW 81 AVE 1629 SW 81 AVE #80 N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 HS 3. Mailing Address 2. Principal Place of Business 2020 W MCNAB RD 2020 W MCNAB RD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #117 #117 Applied For City & State 4. FEI Number City & State 65-0614804 Not Applicable FORT LAUDERDALE, FL. FORT LAUDERDALE, FL \$8.75 Additional Country Zio 5. Certificate of Status Desired . . BROWARD ~ Fee Required 33309 33309 BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NORTHRUP, DAVID C Street Address (P.O. Box Number is Not Acceptable) 1629 SW 81 AVE Zip Code N. LAUDERDALE FL 33068 City this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida nits The above name 2-21-02 SIGNATURA (NOTE: Registered Agent signature required when reinstating) ed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) 😭 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME northrup, david C NAME STREET ADDRESS 1629 SW 81 AVENE #80 STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied entail 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 of the corporation of the receiver of the corporation of th

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 - 21-0Z

954-977-7250

Daytime Phone #