

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000091619

FILED  
Apr 22, 2002 8:00 AM  
Secretary of State

**Entity Name:** MICROTRONIC OVERSEAS, CORP.

**Current Principal Place of Business:**

25 SE 2ND AVE  
200  
MIAMI, FL 33131 US

**New Principal Place of Business:**

127 SE FIRST AVENUE  
MIAMI, FL 33131 US

**Current Mailing Address:**

10885 NW 50TH STREET  
112  
MIAMI, FL 33178 US

**New Mailing Address:**

**FEI Number:** 65-0624544      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOLF, ATILA P  
10885 NW 50TH STREET #112  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STOLF, ATILA P  
Address: 10885 NW 50TH STREET #112  
City-St-Zip: MIAMI, FL 33178 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATILA P. STOLF

PD

04/22/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date