

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091546

1. Entity Name

COMMUNICATION SYSTEMS ENGINEERING, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90071 038 ***150.00

Principal Place of Business

Mailing Address

16501 NW 16 CT
MIAMI FL 33169

16501 NW 16 CT
MIAMI FL 33169-5632

2. Principal Place of Business

10450 N.W. 31 TERRACE

3. Mailing Address

10450 N.W. 31 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0705434

Applied For

Not Applicable

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

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

POHUDKA, MIGUEL
16501 NW 16 CT
MIAMI FL 33169

Name

POHUDKA, MIGUEL

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

10450 N.W. 31 TERRACE

City

MIAMI, FL

FL

Zip Code

33172

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 P
STREET ADDRESS POHUDKA, MIKE
CITY-ST-ZIP 6100 MAYNADA STREET
CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS POHUDKA, MIGUEL
CITY-ST-ZIP 10450 N.W. 31 TERRACE
MIAMI, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS SUAREZ, AMANCIO J.
CITY-ST-ZIP 10450 N.W. 31 TERRACE
MIAMI, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 (305) 468-1450

CR2E034 (9/99)