

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90013 042 ***150.00

DOCUMENT # P97000002508

1. Entity Name

VIDAL ELECTRONIC SYSTEMS, INC.

Principal Place of Business

1150 SW 10TH AVE
#104 E/W
POMPANO BEACH FL 33069
US

Mailing Address

1150 SW 10TH AVE
#104 E/W
POMPANO BEACH FL 33069
US

2. Principal Place of Business

20725 N.E. 16th Ave

3. Mailing Address

20725 N.E. 16th Ave

Suite, Apt. #, etc.

A-45

Suite, Apt. #, etc.

A-45

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

6. Name and Address of Current Registered Agent

VIDAL, JOHN H
15357 MONROE ROAD
DELRAY FL 33484

7. Name and Address of New Registered Agent

Name

VIDAL, John H.

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

20725 N.E. 16th Ave # A-45

City

N. Miami Beach

FL

Zip Code

33179

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	VIDAL, JOHN H	
STREET ADDRESS	1150 SW 10TH AVE STE 104E	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL, John H.	
STREET ADDRESS	20725 N.E. 16th Ave # A-45	
CITY-ST-ZIP	N. Miami Beach, Florida 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01 305651-4400

Date

Daytime Phone #

CR2E034 (10/00)