

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90072 004 ***150.00

DOCUMENT # P97000002508

1. Entity Name

VIDAL ELECTRONIC SYSTEMS, INC.

Principal Place of Business

**20725 NE 16TH AVE #A-45
 NORTH MIAMI BEACH FL 33179
 US**

Mailing Address

**20725 NE 16TH AVE #A-45
 NORTH MIAMI BEACH FL 33179
 US**

2. Principal Place of Business

11075 N.E. 6th Ave

Suite, Apt. #, etc.

3. Mailing Address

11075 N.E. 6th Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

65-0725344

Applied For

Not Applicable

Zip

Country

33161

Dade

Zip

33161

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIDAL, JOHN H

**20725 NE 16TH AVE #A-45
 NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name **Vidal, John H.**

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

11075 N.E. 6th Ave

City **MIAMI**

FL

Zip Code **33161**

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

John H. Vidal John H. Vidal

01/21/02

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, 2002 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 checked="" type="checkbox"/> Delete
NAME	VIDAL, JOHN H	
STREET ADDRESS	20725 NE 16TH AVE #A-45	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vidal, John H.	
STREET ADDRESS	11075 N.E. 6th Ave	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vidal, Germaine	
STREET ADDRESS	11075 N.E. 6th Ave	
CITY-ST-ZIP	MIAMI, FL 33161	
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:

John H. Vidal John H. Vidal

01/21/02 (305) 754-7785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/01)