


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90141 022 \*\*\*158.75

**DOCUMENT # P97000021059**

1. Entity Name  
**TOWER ELECTRONICS CORP.**



Principal Place of Business  
**21373 SHANNON RIDGE WAY  
BOCA RATON FL 33428-4851**

Mailing Address  
**21373 SHANNON RIDGE WAY  
BOCA RATON FL 33428-4851**



2. Principal Place of Business  
**P.O. Box 126687**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 126687**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Hialeah, Fl. 33012-1611**

City & State  
**Hialeah, Fl. 33012-1611**

Zip Country  
**33012-1603 U.S.A.**

Zip Country  
**33012-1603 U.S.A.**

4. FEI Number **65-0736888**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CARIDA, JAIME R.B.**  
**21373 SHANNON RIDGE WAY**  
**BOCA RATON FL 33428-4851**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5:00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRABO CARIDA, JAIME ROBERTO</b>	
STREET ADDRESS	<b>21373 SHANNON RIDGE WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428-4851</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRABO CARIDA, JUTHS ROBINSON</b>	
STREET ADDRESS	<b>21373 SHANNON RIDGE WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428-4851</b>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **1/15/03 305-558-8212**  
Date Daytime Phone #  
Jaime R. B. Carida

CR2E034 (10/02)