

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065643

1. Entity Name
AUDIO ELECTRONICS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90069 009 ***150.00

Principal Place of Business

345 NW 193 TERRACE
MIAMI FL 33169

Mailing Address

345 NW 193 TERRACE
MIAMI FL 33169-3558

2. Principal Place of Business

345 NW 193 terr
Suite, Apt. #, etc.

3. Mailing Address

345 NW 193 terr
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number 65-0764078

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

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

DONALD KELLY
2530 NW 164 STREET
MIAMI FL 33054

Name Donald Kelly

Street Address (P.O. Box Number is Not Acceptable)
2530 NW 164 ST

City

Miami

FL

Zip Code

33169

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 Donald Kelly

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCOY, ANTHONY H	
STREET ADDRESS	18227 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLEY, DONALD	
STREET ADDRESS	18227 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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		

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	
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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

04-28-01

Date

Daytime Phone #

305-687-7979

CR2E034 (10/00)