

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90076 024 ***150.00

DOCUMENT # P97000065643

1. Entity Name
AUDIO ELECTRONICS, INC.

Principal Place of Business

345 NW 193 TERRACE
MIAMI FL 33169

Mailing Address

345 NW 193 TERRACE
MIAMI FL 33169-3558

360827



2. Principal Place of Business

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

3. Mailing Address

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

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

Zip
33169

Country
Dade

City & State
Miami, FL

Zip
33169

Country
Dade

4. FEI Number
65-0764078

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

DONALD KELLY
2530 NW 164 STREET
MIAMI FL 33054

7. Name and Address of New Registered Agent

Name **Anthony McCoy**
Street Address (P.O. Box Number is Not Acceptable)
345 NW 193 terrace
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 *Anthony McCoy*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-2002

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, Anthony H
STREET ADDRESS	345 NW 193 terrace
CITY-ST-ZIP	Miami, FL 33169
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 an other like empowered.

SIGNATURE: *Anthony McCoy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2002 305-653-7641

CR2E034 (9/01)