

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080138

1. Entity Name
ELECTROTECH OF SOUTH FLORIDA, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90029 001 ***150.00

Principal Place of Business 950 SW 96TH AVENUE HOLLYWOOD FL 33025	Mailing Address 950 SW 96TH AVENUE HOLLYWOOD FL 33025-3672
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13081 SW 40th STREET	3. Mailing Address 13081 SW 40th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAVIE FL	City & State DAVIE FL	4. FEI Number 59-3468273	Applied For <input type="checkbox"/> Not Applicable
Zip 33330	Country	Zip 33330	Country

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

6. Name and Address of Current Registered Agent
**GODEL, JACQUES M
950 SW 96 AVE
HOLLYWOOD FL 33025**

7. Name and Address of New Registered Agent
Name **GODEL, JACQUES M**
Street Address (P.O. Box Number is Not Acceptable)
13081 SW 40TH STREET
City **DAVIE FL** Zip Code **33330**

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 DATE **4/11/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 GODEL, JAQUES M	
STREET ADDRESS 950 SW 96 AVE	
CITY-ST-ZIP HOLLYWOOD FL 33025	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME GODEL, DANA J	
STREET ADDRESS 950 SW 96 AVE	
CITY-ST-ZIP HOLLYWOOD FL 33025	
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 GODEL, JACQUES M	
STREET ADDRESS 13081 SW 40TH STREET	
CITY-ST-ZIP DAVIE, FL 33330	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GODEL, DANA J	
STREET ADDRESS 13081 SW 40TH STREET	
CITY-ST-ZIP DAVIE, FL 33330	
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: **J. GODEL, PRESIDENT** Date **4/11/00** Daytime Phone # **954 4751440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)