

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088680

1. Entity Name  
ELECTRONIC CONCEPT II, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
03-02-2000 90033 045 \*\*\*158.75

Principal Place of Business Mailing Address  
6802 NW 77TH CT 6802 NW 77TH CT  
MIAMI FL 33166 MIAMI FL 33166-2713  
US US

LU029006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0789256 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ENGELS, MARTIN  
100 S.E. SECOND STREET  
SUITE 2100  
MIAMI FL 33131

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.

SIGNATURE 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, 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 NAME STREET ADDRESS CITY-ST-ZIP  
P ROSEN, MARIO 6802 NW 77TH CT MIAMI FL 33166 ☐ Delete  
VPS ROSEN, STANLEY 6802 NW 77TH CT MIAMI FL 33166 ☐ Delete  
T PETISCO, ILEANA 6802 NW 77TH CT MIAMI FL 33166 ☐ Delete  
AS ROSEN, GREGORY 6802 NW 77TH CT MIAMI FL 33166 ☐ Delete  
☐ Delete  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition

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: 1/1/00 (305) 592-1904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)