

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099415

1. Entity Name

ELECTRONIC PLUS, INC

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90158 046 ***150.00

Principal Place of Business Mailing Address
3121 W. HALLANDALE BEACH BLVD. 3121 W. HALLANDALE BEACH BLVD.
121 121
HALLANDALE FL 33009 HALLANDALE FL 33009-5149

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0793543

Applied For

Not Applicable

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

HERNANDEZ, GRISELLE
34 ALLEN ROAD
HOLLYWOOD FL 33023

Name

CHRISTINE ALICEA

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

9900 SW 59TH CT

City

Cooper City

FL

Zip Code

33328

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

Christine Alicea

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **HERNANDEZ, GRISELLE**
STREET ADDRESS **34 ALLEN RD**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CHRISTINE ALICEA**
STREET ADDRESS **9900 SW 59TH CT**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **VP** ☐ Delete
NAME **ALICEA, JULIA A**
STREET ADDRESS **9900 SW 59TH CT**
CITY-ST-ZIP **COOPER CITY FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Christine Alicea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-28-00

Date

954 964-7334

Daytime Phone #

CR2E034 (9/99)