

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90035 017 ***150.00

DOCUMENT # P98000015760

1. Entity Name

ARTEK ELECTRONICS ENGINEERING AND MANUFACTURING,

Principal Place of Business

**721-G NORTH DR.
 MELBOURNE FL 32934
 US**

Mailing Address

**721-G NORTH DR.
 MELBOURNE FL 32934
 US**

732685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

721-G NORTH DR

3. Mailing Address

721-G NORTH DR

Suite, Apt. #, etc.

Melbourne FL

Suite, Apt. #, etc.

Melbourne FL

City & State

32934 USA

City & State

32934 USA

Zip

Country

Zip

Country

4. FEI Number

59-3492212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROSENWALD, CHARLES
 623 DENISE DR
 MELBOURNE FL 32935**

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, 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

TITLE **P** ☐ Delete
 NAME **ROSENWALD, CHARLES**
 STREET ADDRESS **623 DENISE DR**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **VP** ☐ Delete
 NAME **ORTIZ, HECTOR**
 STREET ADDRESS **180 HURTIG AVE**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Hector Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/01

Daytime Phone #

321 752-4077

CR2E034 (10/00)