

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050586

1. Entity Name

SIGNAL TECHNOLOGY AND INSTALLATION CORPORATION

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90170 032 ***158.75

Principal Place of Business

920 N.W. 1ST STREET
FT. LAUDERDALE FL 33311

Mailing Address

920 N.W. 1ST STREET
FT. LAUDERDALE FL 33311-8902

2. Principal Place of Business

5910 SW 43rd St

Suite, Apt. #, etc.

3. Mailing Address

5910 SW 43rd St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33314

Country

Broward

Zip

33314

Country

Broward

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

ABRAMS, HOWELL

209 N. ATLANTIC BLVD., STE. 11D
FT. LAUDERDALE FL 33304

Name

Howell Abrams

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

209 N. ATLANTIC Blvd
Suite 15D

City

Ft. Lauderdale

FL

Zip Code

33304

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

A-4-2000

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 ☐ Delete
NAME P
STREET ADDRESS ABRAMS, HOWELL
CITY-ST-ZIP 209 N. ATLANTIC BLVD., STE. 11D
FT. LAUDERDALE FL 33304

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

TITLE ☐ Delete
NAME VT
STREET ADDRESS KOTRADY, KEN
CITY-ST-ZIP 11841 TARA DRIVE
PLANTATION FL 33325

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

TITLE ☐ Delete
NAME V
STREET ADDRESS SMITH, WILLIAM
CITY-ST-ZIP 9709 N. NEW RIVER CANAL RD., #206
PLANTATION FL 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A-4-2000 (954) 327-2434

CR2E034 (9/99)