

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000056552**1. Entity Name  
**TECHNICAL ELECTRONICS CORPORATION**Principal Place of Business  
3341 SW 15 ST  
POMPANO BEACH FL 33069  
Mailing Address  
3341 SW 15 ST  
POMPANO BEACH FL 330692. Principal Place of Business  
3333 SW 15 ST  
3. Mailing Address  
3333 SW 15 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BEACH FL  
City & State  
POMPANO BEACH FL4. FEI Number  
**65-0308922**  
Applied For  
Not ApplicableZip Country  
33069  
Zip Country  
330695. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**ARONOWITZ JACK L  
3341 SW 15 ST  
POMPANO BEACH FL 33069**7. Name and Address of New Registered Agent**Name  
ECKHAUS JAY EESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
3333 SW 15 ST  
City  
POMPANO BEACH FL Zip Code  
33069

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 **JAY E. ECKHAUS, ESQ.****02/26/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	REIMER STANLEY	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TD	<input type="checkbox"/> Delete
NAME	USINOWICZ WALTER V	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ECKHAUS JAY	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARONOWITZ JACK	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIN KY	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEISS JAMIE	
STREET ADDRESS	3341 SW 15 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIMER STANLEY		
STREET ADDRESS	3333 SW 15 ST		
CITY-ST-ZIP	POMPANO BEACH FL 33069		
TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	USINOWICZ, JR. WALTER V		
STREET ADDRESS	3333 SW 15 ST		
CITY-ST-ZIP	POMPANO BEACH FL 33069		
TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECKHAUS JAY E		
STREET ADDRESS	3333 SW 15 ST		
CITY-ST-ZIP	POMPANO BEACH FL 33069		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOCK ELLIOTT		
STREET ADDRESS	3333 SW 15 ST		
CITY-ST-ZIP	POMPANO BEACH FL 33069		
TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIN KY		
STREET ADDRESS	3333 SW 15 ST		
CITY-ST-ZIP	POMPANO BEACH FL 33069		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS JOHN		
STREET ADDRESS	3333 SW 15 ST		
CITY-ST-ZIP	POMPANO BEACH FL 33069		

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: **Jay E. Eckhaus**

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02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)