

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065492

1. Entity Name

ALL ELECTRONIC TECHNOLOGIES, INC.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90178 022 \*\*\*150.00

Principal Place of Business

6440 SEDGEWYCK CIRCLE WEST  
DAVIE FL 33331

Mailing Address

6440 SEDGEWYCK CIRCLE WEST  
DAVIE FL 33331

00035080

2. Principal Place of Business

6440 SEDGEWYCK C. W.  
Suite, Apt. #, etc.

3. Mailing Address

6440 SEDGEWYCK C. W.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

4. FEI Number

65-0850394

Applied For

Not Applicable

Zip

33331

Country

BROWARD

Zip

33331

Country

BROWARD

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIERRA, ALBERTO L  
6440 SEAGEWYCK CIRCLE WEST  
DAVIE FL 33331

7. Name and Address of New Registered Agent

Name

ALBERTO L. SIERRA

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

6440 SEDGEWYCK CIRCLE WEST

City

DAVIE

FL

Zip Code

33331

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	D	<input type="checkbox"/> Delete
NAME	SIERRA, LINDA D	
STREET ADDRESS	6440 SEDGEWYCK CIRCLE WEST	
CITY-ST-ZIP	DAVIE FL 33331	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Alberto L. Sierra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO L. SIERRA 4-1-01

Date

Daytime Phone #

786 412 2905

CR2E034 (10/00)