

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092408 ✓

1. Entity Name

AMERICAN ELECTRONIC SOURCE, INC.

Principal Place of Business

Mailing Address

6157 NW 167 ST #F-21

MIAMI, FL 33015

Same

2. Principal Place of Business

6157 NW 167 ST

Suite, Apt. #, etc.

SUITE F-21

City & State

MIAMI, FL

Zip

33015

Country

DADE

3. Mailing Address

6157 NW 167 ST

Suite, Apt. #, etc.

SUITE F-21

City & State

MIAMI - FL

Zip

33015

Country

DADE

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90095 010 ***158.75

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0871718

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIGHE, THOMAS J
800 E BROWARD BLVD.
505
FT. LAUD. FL 33301

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, 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

TITLE D
NAME NEGRON, NESTOR
STREET ADDRESS 800 E BROWARD BLVD. #505
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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

Andres Montoya

3/31/00

Date

305 888-6000

Daytime Phone #

CR2E034 (9/99)