

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002662

1. Entity Name

CUBIC CORPORATION

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90124 046 ***158.75

Principal Place of Business
200 E. LAS OLAS BLVD
SUITE 2040
FT. LAUDERDALE, FL 33301

Mailing Address
200 E. LAS OLAS BLVD
SUITE 2040
FT. LAUDERDALE, FL 33301

552205

2. Principal Place of Business
110 E. BROWARD BLVD
Suite, Apt. #, etc.
SUITE 850
City & State
FT. LAUDERDALE, FL

3. Mailing Address
110 E. BROWARD BLVD
Suite, Apt. #, etc.
SUITE 850
City & State
FT. LAUDERDALE, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0890061

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRANK P. NISI, JR.
2003 LAKE HOWELL LANE
SUITE 101
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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 WITH FEES \$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	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOYATZOGLOU, THEODOSIOS		NAME		
STREET ADDRESS	224 ROYAL PALM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

4/24/00

Date

(954) 525-2080

Daytime Phone #

CR2E034 (9/99)