2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000006140** Jan 24, 2000 8:00 am **Secretary of State** STEVE WEISS ELECTRONICS, INC. 01-24-2000 90101 020 ***150.00 Mailing Address Principal Place of Business 4225 NW 88TH AVE. SUITE 104 4225 NW 88TH AVE. SUITE 104 SUNRISE FL 33351 SUNRISE FL 33351-6047 DOBODDAT 2. Principal Place of Business 3. Mailing Address PMBIDY & 8th Ave PMB 104 4025 N.W. 86th AUE 4225 N.W DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. SUNRIZE SUNRIJE City & State City & State Applied For FLORID A Not Applicable T-LORID A Country \$8.75 Additional Country 5. Certificate of Status Desired ひら Fee Required-U.S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEISS, STEVEN Street Address (P.O. Box Number is Not Acceptable) 4225 NW 88TH AVE, SUITE 104 SUNRISE FL 33351 Zip Code FL 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. WEISS STEUEN SIGNATURE (NOTE: Registered Agent signature required when reinstating) nted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PresideNT/ DIRECTOR ☐ Change ☐ Addition ☐ Delete TITLE NAME STEUEN WELL 4301 N.W. 93 6) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FLORIDA 3335 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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