

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009826

1. Entity Name

TEST EQUIPMENT, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90067 039 ***150.00

Principal Place of Business

Mailing Address

78820 NW 56 STREET
MIAMI FL 33166

78820 NW 56 STREET
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0891397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANDEL, STANLEY CPA
20341 OLD CUTLER ROAD
SUITE A
MIAMI FL 33189

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS MIGUEL A. BORRO
CITY-ST-ZIP 9021 SW 187 TER.
MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS MICHAEL PICKENS
CITY-ST-ZIP 111 NW 160 ST
MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ~~KARLO KRAFFKA~~ TREASURER
STREET ADDRESS ~~KARLO KRAFFKA~~
CITY-ST-ZIP 3120 MAPLE LANE
DAVIE FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS CARLOS CARVATAL
CITY-ST-ZIP 176 SE 9th LT.
HIALEAH FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS ROSS BLEUSTEIN
CITY-ST-ZIP 3840 WINDMILL ROAD
WESTON FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS PAUL BLEUSTEIN
CITY-ST-ZIP 721 LAUREL LANE EAST
PENSACOLA PINES FL 33027

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

1/18/2000

Date

305 717-9951

Daytime Phone #

CR2E034 (9/99)