

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009826

1. Entity Name

TEST EQUIPMENT, INC.

Principal Place of Business

78820 NW 56 STREET  
MIAMI FL 33166

Mailing Address

78820 NW 56 STREET  
MIAMI FL 33166

2. Principal Place of Business

7820 NW 56 ST

3. Mailing Address

7820 NW 56 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33166

Country

USA

Zip

33166

Country

USA.

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

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

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, 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	P	<input type="checkbox"/> Delete
NAME	BORU, MIGUEL	
STREET ADDRESS	9021 SW 187 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICKENS, MICHEAL	
STREET ADDRESS	111 NW 160 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRAKA, KARLO	
STREET ADDRESS	3120 MAPLE LANE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARVAJAL, CARLOS	
STREET ADDRESS	176 SE 9TH CT.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLEUSTEIN, ROSS	
STREET ADDRESS	3840 WINDHAILL ROAD	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLEOSTEIN, PAUL	
STREET ADDRESS	721 LAUREL LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRO, MIGUEL	
STREET ADDRESS	3191 NW 19 ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEUSTEIN, PAUL	
STREET ADDRESS	721 LAUREL LANE	
CITY-ST-ZIP	PEMBROKE 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

MIGUEL A. BORRO

Date

1/9/01

Daytime Phone #

305 717-9951

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90016 016 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)