

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90012 028 \*\*\*550.00

**DOCUMENT # P99000059900**

1. Entity Name

**FLOTRONICS INCORPORATED**

Principal Place of Business

**140 NE 28TH AVENUE #108  
POMPANO BEACH FL 33062**

Mailing Address

**140 NE 28TH AVENUE #108  
POMPANO BEACH FL 33062**2. Principal Place of Business  
**3260 NW 23 Avenue**3. Mailing Address  
**3260 NW 23 Avenue**

Suite, Apt. #, etc.

**700E**

Suite, Apt. #, etc.

**700E**City & State  
**Pompano Beach, Florida**City & State  
**Pompano Beach, Florida**4. FEI Number  
**65-0930865**

Applied For

Not Applicable

Zip  
**33069**Country  
**USA**Zip  
**33069**Country  
**USA**5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****MALLETTE, JOEL  
140 NE 28TH AVENUE #108  
POMPANO BEACH FL 33062****7. Name and Address of New Registered Agent**Name  
**Joel Mallette**Street Address (P.O. Box Number is Not Acceptable)  
**3260 NW 23 Avenue**

Suite 700E

City  
**Pompano Beach FL 33069**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Vice President<br/>Joel Mallette<br/>49 NW 44 Terrace<br/>Deerfield Beach FL 33442</b>      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Secretary/Treasurer<br/>Audrey Orr<br/>101-1st Way<br/>West Palm Beach FL 33407</b>         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>President<br/>Marcel Theriault<br/>584 Chemin Ste Anne Des Lac<br/>Quebec JOR1B0 Canada</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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 a power of attorney, with a notary-like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joel Mallette****9/8/00****954-984-9888**

Date

Daytime Phone #