

1/18/01-90

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 8:00 am**
Secretary of State

01-18-2001 90013 003 ***150.00

DOCUMENT # P99000059900

1. Entity Name

FLOTRONICS INCORPORATED

Principal Place of Business

**3260 NW 23 AVE
700 E
POMPANO BEACH FL 33069**

Mailing Address

**3260 NW 23 AVE
700 E
POMPANO BEACH FL 33069**

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 **65-0930865**

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

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

Name

JOEL MALLETTE

Street Address (P.O. Box Number is Not Acceptable)

3260 NW 23RD AVE. STE. 700 E

City

POMPANO BEACH**FL**Zip Code
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

JOEL MALLETTE VP**1/09/01**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	VP	<input type="checkbox"/> Delete
NAME	MALLETTE, JOEL	
STREET ADDRESS	49 NW 44 TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ORR, AUDREY	
STREET ADDRESS	101 1ST WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	P	<input type="checkbox"/> Delete
NAME	THERIAULT, MARCEL	
STREET ADDRESS	584 CHEMIN STE ANNE DES LAC	
CITY-ST-ZIP	QUEBEC CANADA J0R1B0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

JOEL MALLETTE

Date

1/09/01

Daytime Phone #

954-984-9888

CR2034 (10/00)