

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-24-2002 90556 006 ***150.00

DOCUMENT # P99000079798
1. Entity Name
ELEC CONTROL INC.

Principal Place of Business Mailing Address
1222 NORTH EAST 4TH AVENUE **1222 NORTH EAST 4TH AVENUE**
FORT LAUDERDALE FL 33304 **FORT LAUDERDALE FL 33304**

37712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3161 NW FLAVOUR **3161 NW 71 AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MORGATE **MORGATE**
Zip Country Zip Country
33063 **USA** **33063** **USA**

4. FEI Number Applied For
65-0983956 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARENTEAU, RICHARD
CAN-AM IMMIGRATION SERVICES INC.
721 SE 17TH STREET
FORT LAUDERDALE FL 33318

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 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BOISVERT, PIERRE	
STREET ADDRESS	760, MARIE LEBER C515, IDS	
CITY-ST-ZIP	QUEBEC H3E 1W6	
TITLE		<input type="checkbox"/> Delete
NAME		
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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)(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 REQUIRED**

Date: **06/26/02**
Daytime Phone #

CR2E034 (9/01)