

5/24

**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

**1222 NORTH EAST 4TH AVENUE  
FORT LAUDERDALE FL 33304**

Mailing Address

**1222 NORTH EAST 4TH AVENUE  
FORT LAUDERDALE FL 33304****37712**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3161 NW 71 AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address

**3161 NW 71 AVENUE**  
Suite, Apt. #, etc.

City &amp; State

**MORGATE**

City &amp; State

**MORGATE**

4. FEI Number

**65-0983956**

Applied For

Not Applicable

Zip

**33063**

Country

**USA**

Zip

**33063**

Country

**USA**

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOISVERT, PIERRE 760, MARIE LEVER C515, IDS QUEBEC H3E 1W6</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS 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 an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)