

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086088

1. Entity Name  
**MILITARY ELECTRONICS CORP.**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90127 037 \*\*\*150.00

Principal Place of Business  
**2124 NORTHEAST 59TH PLACE**  
**FORT LAUDERDALE FL 33308**

Mailing Address  
**2124 NORTHEAST 59TH PLACE**  
**FORT LAUDERDALE FL 33308**

2. Principal Place of Business  
**451 SE 13th AVENUE**

3. Mailing Address  
**451 SE 13th AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**POMPANO BEACH FLORIDA**

City & State  
**POMPANO BEACH FLORIDA**

Zip Country  
**33060 U.S.A.**

Zip Country  
**33060 U.S.A.**

4. FEI Number **65-0953487**

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

**BEAULIEU, PETER**  
**451 SE 13TH AVENUE**  
**POMPANO BEACH FL 33060**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**P**  
**SEGUIN, GERMAIN J**  
**20 ISLA BAHIA DRIVE**  
**FORT LAUDERDALE FL 33316** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**VP**  
**SIMCOX, RICHARD L**  
**1861 BARCELONA TERRACE**  
**MARGATE FL 33063** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**S**  
**SEGUIN, FRANK E**  
**2000 NE 59TH PLACE**  
**FORT LAUDERDALE FL 33308** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER BEAULIEU**

**4/19/01**

Date

**954 772 6606 X 320**

Daytime Phone #

CR2E034 (10/00)