

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100821

1. Entity Name

LINK ELECTRONICS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90039 044 ***150.00

Principal Place of Business

Mailing Address

6175 NW 167TH STREET
UNIT G-4
MIAMI FL 33015

6175 NW 167TH STREET
UNIT G-4
MIAMI FL 33015-4334

2. Principal Place of Business

3. Mailing Address

7255 N.W. 68 St.

7255 N.W. 68 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 18

UNIT # 18

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

33166 USA

33166 USA

USA

4. FEI Number

65-0966123

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

SOARES DE SA, IVAN M
6175 NW 167TH STREET
UNIT G-4
MIAMI FL 33015

Name

Soares De Sa, Ivan M

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

7255 NW 68 St #18

City

Miami

FL

Zip Code

33166

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, 2000 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	NETO, BRUNO B	
STREET ADDRESS	OF AV. ALFREDO MALUF #315 SANTO ANDRE	
CITY-ST-ZIP	SAO PAULO BRIZIL CEP 0924041	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIMA, MARCIO D	
STREET ADDRESS	OF AV. ALFREDO MALUF #315 SANTO ANDRE	
CITY-ST-ZIP	SAO PAULO BRIZIL CEP 0924041	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOARES DE SA, IVAN M	
STREET ADDRESS	6897 NW 173RD DR #208	
CITY-ST-ZIP	MIAMI FL 33015	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lima, Marcio D	
STREET ADDRESS	Rua China #171 Santo Andre	
CITY-ST-ZIP	Sao Paulo Brasil 09280-140	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Soares De Sa, Ivan M	
STREET ADDRESS	7255 NW 68 St #18	
CITY-ST-ZIP	Miami FL 33166	
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
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)(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:

Ivan Marcio Soares de Sa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00
Date

305 969 0607
Daytime Phone #

CR2E034 (9/99)