2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🕸

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **S10349** May 02, 2000 8:00 am 1. Entity Name Secretary of State NEWTECH ELECTRONICS INDUSTRIES, INC. 05-02-2000 90037 039 ***150.00 Principal Place of Business Mailing Address 16550 NW 10TH AVE 16550 NW 10TH AVE MIAMI FL 33169-5815 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address 355 OCEAN BLUD 355 OCEAN BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0225504 GOLDEN BEACH. Not Applicable GOLDEN BEACH \$8.75 Additional 5. Certificate of Status Desired 33/60 33160 U5A Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPT ☐ Delete ☐ Addition TITLE TITLE **NEWMAN, JOEL** NAME NAME 355 OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GOLDEN BEACH FL 33160** ☐ Addition Change TITLE TITLE SCHUCK, LEONOR E NAME NAME 16400 LOCH NEST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MASUDA, HACHIRO NAME NAME 581 BLUE HERON DRIVE #203-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE SLUGH, STUART D NAME NAME 4861 NORTH 36TH COURT STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE LIGHT, BARRY J NAME NAME 877 N W 111TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 32024 Addition V/S/M_ VIVIAN_M.HERNANDEZ ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 355_OSEAN_BLUD_ CITY-ST-ZIP GOLDEN-BEAGH, 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 frue 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