## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

S56665

**DOCUMENT #** 1. Entity Name

JAYTRON PRODUCTS CORP.



## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90962 004 \*\*\*150.00

Mailing Address   P.O. 890; 48078   N. MAIM BEACH R. 20183   Substitution   Check HERE IF MAIKING CHANGES							GOO WE THE	´				
R. Principal Place of Business   S. Mailing Address    Surio, Apr. #, etc.   Surio, Apr. #, etc.   Chy & State   Chy & Chy & State   Chy & State   Chy & State   Chy & State   Chy & Sta										<u> </u>		
S. File Applied Field or Business   S. North Registered S. Sutto, Apil. 8, etc.   CHy & State   Check HERE IF MAKING CHANGES   A. FET Number 65-0288914   Applied Fice Foot Frequency   Foot Applied Foot Foot Foot Foot Foot Foot Foot Foo	'n miami'beac	CH FL 33162		N. MIAM	BEACH FL 33163			·				
City & State    City & State   City & State   City & State   September   Septe	2. Principal F	Place of Business		3. Mailir	ng Address				I INDAK <b>ii ku jilo a</b> tka <b>j</b> ili aila	0.411	albir biğli bi	Bil Dieli ieel
September   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Acquisional row Registrord Agent   7. Name and Address of New Address   7. Name and Address of New Agent   7. Name and Address   7. Name and Ad	Suite, Apt.	. #, etc.		Suite,	Apt. #, etc.		<u>,                                    </u>		☐ CHECK HERE I	F MAKING (	CHANGES	
S. Name and Address of Current Registered Agent  FUCHS, STANLEY 1040 NE 180 TERRACE N. MIAMI BEACH FL 33162  8. The above named entity submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and to a seption.  **SIONATURE**   Topic	City & Star	te	-	City & State				4.	4. FEI Number 65-0298914		<del></del>	
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FUCHS, STANLEY 1040 NE 180 TERRACE  N. MAMI BEACH FL 33162    City   FL   Zp Code   City   Tt   Zp Code   City		6. Name and A	dress of Current R	egistered	Agent			7. 1	Name and Address of New Re	gistered Ag	ent	
1040 NE 180 TERRACE   N. MIAMI   EACH FL 33162   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050   1050							Name					
1040 NE 180 TERRACE   N. MIAMI BEACH FL 33162   City   FL   Zip Code				Street Addre			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
City   FL   Zip Code	1040 NE 1	180 TERRACE							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	n. Miami i	BEACH FL 33162										
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After May 1, 2003 Fee will be \$550.00 May Be Added to Florida Department of State    1.	SIGNATURE	Signature, typed or printed	name of registered agent an	d title if applic	able (NOTE	: Registere	d Agent signature rec	uired when re	einstating)	DATE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							Į.	•				
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under path; 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 10 or Block 11 if changed, or on an attac