

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97612

1. Entity Name

EDDYTRONIC CORPORATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90024 040 ***150.00

Principal Place of Business

16465 NE 22ND AVE.
#305
NO. MIAMI BEACH FL 33160

Mailing Address

16465 NE 22ND AVE.
#305
NO. MIAMI BEACH FL 33160-3724

2. Principal Place of Business

2618 SHERIDAN ST.
Suite, Apt. #, etc.

3. Mailing Address

2618 SHERIDAN ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-0297987

Applied For

Not Applicable

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UGARTE, DAVID E.

16465 NE 22ND AVE.

#305

NO. MIAMI BEACH FL 33160 HOLLYWOOD, FL 33020

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, 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

TITLE PD ☐ Delete
NAME UGARTE, DAVID E.
STREET ADDRESS 16465 NE 22ND AVE. 2618 SHERIDAN ST.
CITY-ST-ZIP NO. MIAMI BEACH FL 33160 HOLLYWOOD, FL

TITLE VD ☐ Delete
NAME MANSILLA DE UGARTE, ALICIA B
STREET ADDRESS 16465 NE 22ND AVE. 2618 SHERIDAN ST.
CITY-ST-ZIP NO. MIAMI BEACH FL 33160 HOLLYWOOD, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. UGARTE, President

Date

3/24/2000 (954) 920-5544

Daytime Phone #