

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**  
 02-17-2002 90048 030 \*\*\*150.00

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**DOCUMENT # S97612**

**1. Entity Name**  
**EDDYTRONIC CORPORATION**

**Principal Place of Business**  
**2618 SHERIDAN ST.**  
**HOLLYWOOD FL 33020**

**Mailing Address**  
**2618 SHERIDAN ST.**  
**HOLLYWOOD FL 33020**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**16465 N.E. 22 AVE.**

**3. Mailing Address**

Suite, Apt. #, etc.  
**519**

Suite, Apt. #, etc.

City & State  
**NO. 71971 BEACH**

City & State

Zip  
**33160**

Country

Zip

Country

**4. FEI Number** **65-0297987**

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**

**UGARTE, DAVID E.**  
**2618 SHERIDAN ST.**  
**HOLLYWOOD FL 33020**

Name

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

**16465 N.E. 22 AVE. SUITE 519**

City

**NO. 71971 BEACH**

FL

Zip Code

**33160**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **UGARTE, DAVID E.**  
**STREET ADDRESS** **2618 SHERIDAN ST.**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33020**

☐ Change ☐ Addition  
**16465 N.E. 22 AVE. SUITE 519**  
**NO. 71971 BEACH, FL 33160**

**TITLE** **VD** ☐ Delete  
**NAME** **MANSILLA DE UGARTE, ALICIA B**  
**STREET ADDRESS** **2618 SHERIDAN ST**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33020**

☐ Change ☐ Addition  
**16465 N.E. 22 AVE SUITE 519**  
**NO. 71971 BEACH, FL 33160**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE** ☐ Delete  
**NAME**  
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☐ Change ☐ Addition

**TITLE** ☐ Delete  
**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**

Date

Daytime Phone #

CR2E034701