

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # V28007**1. Entity Name
ELECTRONIC BALLAST SYSTEMS CORPORATION

Principal Place of Business

240 SAN LORENZO AVE.

CORAL GABLES

33146

FL

US

Mailing Address

P. O. BOX 453836

MIAMI

332453836

FL

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0326093

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILA OSCAR J111
338 MINORCA AVE

CORLA GABLES

33134

FL

US

7. Name and Address of New Registered Agent

Name

VILA OSCAR

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

240 SAN LORENZO AVE

City

CORAL GABLES

FL

Zip Code

33146

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 **OSCAR VILA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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, 2001 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 T ☒ Delete
NAME VILA JAVIER
STREET ADDRESS 13935 SW 252 STREET
CITY-ST-ZIP HOMESTEAD FL 33032TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☒ Delete
NAME VILA OSCAR J. III
STREET ADDRESS 338 MINORCA AVE
CITY-ST-ZIP CORAL GABLES FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VB ☐ Delete
NAME MELIS JANOS
STREET ADDRESS 13935 SW 252 STREET
CITY-ST-ZIP HOMESTEAD FL 33032TITLE VB ☒ Change ☐ Addition
NAME MELIS JANOS
STREET ADDRESS 240 SAN LORENZO AVE
CITY-ST-ZIP CORAL GABLES FL 33146TITLE PD ☐ Delete
NAME VILA OSCAR J.
STREET ADDRESS 13935 SW 252 STREET
CITY-ST-ZIP HOMESTEAD FL 33032TITLE PD ☒ Change ☐ Addition
NAME VILA OSCAR
STREET ADDRESS 240 SAN LORENZO AVE
CITY-ST-ZIP CORAL GABLES FL 33146TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Oscar Vila**

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)