

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90301 046 ***158.75

DOCUMENT # V31599

1. Entity Name

EXCALIBUR ELECTRONICS, INC.

Principal Place of Business

**13701 SW 119TH AVE
 MIAMI FL 33186
 US**

Mailing Address

**1550 NW 96TH AVE
 MIAMI FL 33172
 US**

2. Principal Place of Business

13755 S.W. 119th AVENUE

3. Mailing Address

13755 S.W. 119th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0331527

Applied For

Not Applicable

Zip

33186

Country

Zip

33186

Country

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

**SAMOLE, MYRON M.
 9700 S DIXIE HWY
 SUITE 1030
 MIAMI FL 33156**

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, 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 **D** ☐ Delete
 NAME **SAMOLE, SHANE**
 STREET ADDRESS **1550 NW 96TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **SAMOLE, SHANE**
 STREET ADDRESS **13755 S.W. 119th AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **S** ☐ Delete
 NAME **SCHNEIDER, WERNER**
 STREET ADDRESS **15581 S.W. 146TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33177**

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

TITLE ☐ Delete
 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: *Werner Schneider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WERNER O. SCHNEIDER

3/01/01

Date

305.477-8080

Daytime Phone #

CR2E034 (10/00)

0234167