2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am **DOCUMENT # 448746** 1. Entity Name **Secretary of State** BOYS ELECTRIC, INC. 02-08-2000 90146 029 ***158.75 Principal Place of Business Mailing Address 8456 NW 61 ST 8456 NW 61 ST **MIAMI FL 33166** MIAMI FL 33166-3338 US US. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1532353 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name _ _ _ WADDLE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9775 S.W. 14TH ST MIAMI FL 33174 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITI F ☐ Change ☐ Addition Delete TITLE WADDLE, ROBERT S. NAME NAME STREET ADDRESS 9775 S.W. 14TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Change Addition ☐ Delete TITLE TITLE BOWERS, SHERI L. NAME NAME STREET ADDRESS STREET ADDRESS 13600 S.W. 73RD AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #