

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90050 005 \*\*\*150.00

**DOCUMENT # 624058**

1. Entity Name  
**U-SAVE ENERGY CO., INC.**

Principal Place of Business

Mailing Address

**11225 SW 30TH ST  
 MIAMI FL 33165  
 US**

**11225 SW 30TH ST  
 MIAMI FL 33165  
 US**

2. Principal Place of Business

3. Mailing Address

**15790 SW 42<sup>ND</sup> TERR.  
 Suite, Apt. #, etc.**

**15790 SW 42<sup>ND</sup> TERR.  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL 33185**

City & State  
**MIAMI-FL**

4. FEI Number **59-1916276**

Applied For  
 Not Applicable

Zip  
**33185**

Country  
**DADE**

Zip  
**33185**

Country  
**DADE**

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

**CARRATALA, FELIPE  
 11225 SW 30TH ST  
 MIAMI FL 33165**

Name  
**CARMEN CARRATALA**

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

**15790 SW 42<sup>ND</sup> TERRACE**

City **MIAMI** FL Zip Code **33185**

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 **CARMEN CARRATALA**

*Carmen Carratala*  
 (NOTE: Registered Agent signature required when reinstating)

**4/27/01**  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>PST CARRATALA, CARMEN</b>	<b>11225 SW 30TH ST</b>	<b>MIAMI FL 33165</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PST CARRATALA, FELIPE</b>	<b>15790 SW 42<sup>ND</sup> TERRACE</b>	<b>MIAMI-FL 33185</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Carmen Carratala* **CARMEN CARRATALA**

**4/27/01 305-553-0276**  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)