

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SANTOS RIVERA  
Account Number : I20000000169  
Phone : (407) 380-5353  
Fax Number : (407) 380-7353

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
Wholesale Electric Caribe, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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2/14/13

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

**1. Wholesale Electric Caribe, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**Wholesale Industrial Caribe, Inc.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Puerto Rico**

(State or country under the law of which it is incorporated)

**3. 66-0571416**

(FEI number, if applicable)

**4. June 29, 1999**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. n/a**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 1400 N. Semoran Boulevard, Suite G, Orlando**

(Principal office address)

**PO Box 2057, Barceloneta, Puerto Rico 00617**

(Current mailing address)

**8. To sell or distribute electrical supplies at wholesale to the Caribbean**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **Santos Rivera**

Office Address: **1400 N. Semoran Blvd., Ste G**

**Orlando**

(City)

**Florida 32807**

(Zip code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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## 12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**Chairman: Miguel BarriosAddress: Carr. 2 km 56.5, Bo. Florida Street Ca  
Barceloneta, PR 00617Vice Chairman: Eduardo PietriAddress: Carr. 2 km 56.5, Bo. Florida Street Ca  
Barceloneta, PR 00617

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: Miguel BarriosAddress: Carr. 2 km 56.5, Bo. Florida Street Ca  
Barceloneta, PR 00617

Vice President: \_\_\_\_\_

Address: Carr. 2 km 56.5, Bo. Florida Street Ca  
Barceloneta, PR 00617Secretary: Melba PietriAddress: Carr. 2 km 56.5, Bo. Florida Street Ca, Barceloneta, PR 00617Treasurer: Melba PietriAddress: Carr. 2 km 56.5, Bo. Florida Street Ca, Barceloneta, P.R. 00617**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Miguel Barrios, President

(Typed or printed name and capacity of person signing application)

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Commonwealth of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, **WHOLESALE ELECTRIC CARIBE, INC**, register number **106809**, a for profit domestic corporation, organized under the laws of Puerto Rico, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, I hereby sign  
this certificate, in the City of San Juan,  
Puerto Rico, today, **January 23, 2013**.

A handwritten signature in black ink, appearing to read "D E Bernier".

**DAVID E. BERNIER RIVERA**  
Secretary of State

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 2 times before its expiration date of 23-Apr-2013.

Certificate Validation Number: **34898-29050258**