

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90151 007 \*\*\*150.00

**DOCUMENT # F47268**

1. Entity Name

**INTERNATIONAL ELECTRO-MECHANICAL ENTERPRISES, IN**

Principal Place of Business

Mailing Address

9450 S.W. 72ND STREET  
 SUITE #200C  
 MIAMI FL 33173

9450 S.W. 72ND STREET  
 SUITE #200C  
 MIAMI FL 33015-4351

2. Principal Place of Business

3. Mailing Address

6187 N.W. 167th STREET

P.O. BOX 5405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT H-11

City & State

City & State

HIALEAH, FL

HIALEAH, FL

Zip  
 33015

Country  
 USA

Zip  
 33014

Country  
 USA

4. FEI Number

59-2188261

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

7. Name and Address of New Registered Agent

SUPRASKI, LOUIS A., ESQ.  
 2450 NE MIAMI GARDENS DRIVE  
 SECOND FLOOR  
 N. MIAMI BEACH FL 33180

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, 2000 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	PD SANMARTIN, PABLO ORTIZ 9450 SW 72ND ST. #200C MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHECKER, MIRIAM 9450 SW 72ND ST. #200C MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAN MARTIN, PABLO ORTIZ 6187 N.W. 167th STREET, UNIT H-11 HIALEAH, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEKER, MIRIAM 6187 N.W. 167th STREET, UNIT H-11 HIALEAH, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*  
 PABLO ORTIZ

REQUIRED

(305) 826-8633

Date

Daytime Phone #

CR2E034 (9/99)