

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G29943

1. Entity Name

H M L ELECTRIC, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90270 042 ***150.00

00011433



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4990 S.W. 52 ST. BAY 206 DAVIE FL 33314	15716 115 AVE N JUPITER FL 33478

2. Principal Place of Business	3. Mailing Address
100 MILLER ROAD	15716 115 AVE N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
DELRAY BCH FL	JUPITER FL
Zip	Zip
33483	33478
Country	Country
PALM BCH	PALM BCH

4. FEI Number	59-2269729	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEVY, CHERYL M 15716 115 AVE NO. JUPITER FL 33478

7. Name and Address of New Registered Agent		
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 _____ (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
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: Cheryl M. Levy **561-799-4243**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #