

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90108 010 ***150.00

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DOCUMENT # L26188
 1. Entity Name
FGM ELECTRIC CO.

Principal Place of Business VALDES FAULI, ET AL TWO S. BISCAYNE BLVD., #3400 MIAMI FL 33131	Mailing Address VALDES FAULI, ET AL TWO S. BISCAYNE BLVD., #3400 MIAMI FL 33131
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2. Principal Place of Business 3841 Pembroke Road	3. Mailing Address 3841 Pembroke Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollywood, FL	City & State Hollywood, FL
Zip 33021	Country BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0155208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~VALDES FAULI, CORP SERV. I~~
~~2 SO BISCAYNE BLVD. 3400~~
~~2 S. BISCAYNE BLVD.~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
FELIX ROJAS

Street Address (P.O. Box Number is Not Acceptable)
3841 Pembroke Road

City
Hollywood FL Zip Code
33021

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 DATE **04-16-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE D	NAME NICOLINI, LUIS	STREET ADDRESS 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE D	NAME REGALADO, MANUEL	STREET ADDRESS 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE D	NAME FARRO, ELMER	STREET ADDRESS 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE PS	NAME ROJAS, FELIX	STREET ADDRESS 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE T	NAME ROJAS, INGRID	STREET ADDRESS 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3841 Pembroke Road	Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3841 Pembroke Road	Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: **FELIX ROJAS** DATE: **04-16-01** DAYTIME PHONE #: **(954) 964-8557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)