

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90475 035 \*\*\*150.00

**DOCUMENT # P98000028229**

1. Entity Name  
**SWITCH ELECTRIC COMPANY, INC.**

Principal Place of Business  
 11542 SW 152 PLALCE **PLACE**  
 MIAMI FL ~~33179~~ **33196**

Mailing Address  
 11542 SW 152 PLALCE **PLACE**  
 MIAMI FL ~~33179~~ **33196**

2. Principal Place of Business  
**11542 SW 152 PLACE**

3. Mailing Address  
**11542 SW 152 PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **65-0823564**

Applied For  
 Not Applicable

ZIP **33196**

Country

ZIP **33196**

Country

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**

**ROJAS, ANA M**  
**11542 SW 152 PL**  
**MIAMI FL 33173**

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, 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 **D**  Delete  
 NAME **ROJAS, RAFAEL JR.**  
 STREET ADDRESS **11542 SW 152 AVE - PLACE**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **11542 SW 152 PLACE**  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ROJAS, ANA M**  
 STREET ADDRESS **11542 SW 152 PL**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Ana M. Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2001 305-388-5401

Date

Daytime Phone #

CR2E034 (10/00)