

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90394 005 \*\*\*150.00

**DOCUMENT # P98000032764**

1. Entity Name  
**G V ELECTRIC, INC.**

Principal Place of Business  
**18 E 59 STREET  
 HIALEAH FL 33013-1250**

Mailing Address  
**18 E 59 STREET  
 HIALEAH FL 33013-1250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0826534**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**

**VILLA, GERARDO R  
 18 E 59TH STREET  
 HIALEAH FL 33013-1250**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>VILLA, GERARDO R</b>	
STREET ADDRESS	<b>18 E 59TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013-1250</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>VILLA, GERARDO F</b>	
STREET ADDRESS	<b>12742 SW 266TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33032</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, MARTHA</b>	
STREET ADDRESS	<b>18 E 59TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013-1250</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLA, GERARDO R.</b>	
STREET ADDRESS	<b>18 E 59th Street</b>	
CITY-ST-ZIP	<b>Hialeah, FL 33013-1250</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Gerardo R. Villa, President 4/3/2001 (305) 333-5434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)