DOCUMENT # P98000052757

MIAMI PUBLIC LIGHTING, INC.

13935 SW 252 ST. HOMESTEAD FL 33032

Principal Place of Business

2. Principal Place of Business

Mailing Address

13935 SW 252 ST. HOMESTEAD FL 33032-5405

3. Mailing Address

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90097 005 ***150.00

OFOOIOOA



Suite, Apt. #, etc.			Suite, Apt. #, etc.			ľ	DO NOT WRITE IN THIS SPACE					
City & State)		City & State			4. F	4. FEI Number 65-0910357				_	oplied For of Applicable
Zip		Country	Zip	Country		5. 0	Certificate of S	Status Desired			75 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
					Name							
VILA, JAVIER 13935 SW 252 ST.					Street Address (P.O. Box Number is Not Acceptable)							
НОМ	estead fi	L 33032			City				F	L Z	ip Cod	<u></u> _е
9 The shows	named antity	eubmite this statement fo	r the purpose of changing it	s register	ed office or re	egistered agr	ent or both i	n the State of Flo	orida.			
o. The above	nameo enar	y SUDITING (THE STATE METIC TO	Title purpose of changing to	a rogiotori	30 011100 01 10	9.0.0.00 09	, or 2001,					
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE Registere	d Agent signature	required when re	instating)		DATE			
Tax filing re		ible to satisfy its Intangible and elects to do so.	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of S			l	on Campaign Fir Fund Contributio	_			May Be
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	IANGES TO OFF	ICERS A	ND DIR	CTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13935 SY	RO, FREDDY V 252 ST. EAD FL 33032	☐ Delete		- 1						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILA, JAV 13935 SV	MER	☐ Delete								Change	Addition
-TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD - VILA, JOF 13935 SV	RGE	- ☐ Delete	NAM STRE	E EET ADDRESS - ST-ZIP	~~~ ~ ~ · ·	-		· ·		Change 	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				_				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	e information supplied with	Delete	CITY	E EET ADDRESS - ST-ZIP	d in Section	119.07(3)(i).	Florida Statutes.	I further o		Change	☐ Addition

tie and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director yed to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. indicated on this report or supplemental report is truin of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with