

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90154 048 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000006863

1. Entity Name

STATEWIDE ELECTRICAL SERVICES, INC.

Principal Place of Business

Mailing Address

215 N.W. 109TH AVENUE  
 MIAMI FL 33172

215 N.W. 109TH AVENUE  
 MIAMI FL 33172-5218

2. Principal Place of Business

3197 W. 79TH PLACE

Suite, Apt. #, etc.

3. Mailing Address

3197 W. 79TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33018

Country

City & State

MIAMI, FL

Zip

33018

Country

4. FEI Number

65-0888796

Applied For

Not Applicable

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

MELO, NOEL

~~215 N.W. 109TH AVENUE  
 MIAMI FL 33172~~

Name

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

3197 W. 79TH PLACE

City

MIAMI

FL

Zip Code

33018

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTSD	MELO, NOEL	215 N.W. 109TH AVENUE	MIAMI FL 33172	<input type="checkbox"/>
VPD	FERNANDEZ, CARLOS A	215 N.W. 109TH AVENUE	MIAMI FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		3197 W. 79TH PLACE	MIAMI FL 33018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		7588 W. 33TH LANE	MIAMI, FL - 33018	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]*  
 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000 (305) 710-9137  
 Date Daytime Phone #

CRZE034 (9/99)