

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0489691

**DOCUMENT # P99000006863**

1. Entity Name

**STATEWIDE ELECTRICAL SERVICES, INC.**

03-19-2001 90497 019 \*\*\*150.00

**731381**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3197 W. 79 TH PLACE HIALEAH FL 33018	Mailing Address 3197 W. 79 TH PLACE HIALEAH FL 33018
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2. Principal Place of Business <b>7588 W. 33RD LANE</b>	3. Mailing Address <b>7588 W. 33RD LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HIALEAH, FL.</b>	City & State <b>HIALEAH, FL.</b>	4. FEI Number <b>65-0888796</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33018</b>	Country	Zip <b>33018</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**MELO, NOEL**  
**3197 W. 79TH PLACE**  
**HIALEAH FL 33018**

7. Name and Address of New Registered Agent

Name  
**NOEL MELO**

Street Address (P.O. Box Number is Not Acceptable)  
**7588 W. 33RD LANE**

City  
**HIALEAH, FL. 33018** **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 (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.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD MELO, NOEL</b> <input checked="" type="checkbox"/> Delete <b>215 N.W. 109TH AVENUE MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Delete <b>FERNANDEZ, CARLOS A</b> <b>215 N.W. 109TH AVENUE MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>MELO-NELSON</b> <b>7588 W. 33RD LANE HIALEAH, FL. 33018</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<b>PTSD, NOEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MELO, NOEL</b> <b>7588 W. 33RD. LANE MIAMI, FL. 33018</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FERNANDEZ, CARLOS A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7588 W. 33RD. LANE HIALEAH, FL. 33018</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 recorder 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 an other like empowered.

SIGNATURE: **03/14/2001 3055926965**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)