

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90069 012 ***150.00

DOCUMENT # P99000006863

1. Entity Name
STATEWIDE ELECTRICAL SERVICES, INC.

Principal Place of Business

~~7588 W. 33RD LANE~~
~~HIALEAH FL 33018~~

Mailing Address

7588 W. 33RD LANE
HIALEAH FL 33018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12937 W. Okeechobee Rd
 Suite, Apt. #, etc.
Bay # 4
 City & State
HIALEAH GARDENS, FL

3. Mailing Address

12937 W. Okeechobee Rd
 Suite, Apt. #, etc.
Bay # 4
 City & State
HIALEAH GARDENS, FL

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

MELO, NOEL
7588 33RD LANE
HIALEAH FL 33018

7. Name and Address of New Registered Agent

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, 2002 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 | PTSD | <input type="checkbox"/> Delete |
| NAME | MELO, NOEL | |
| STREET ADDRESS | 7588 W. 33RD LANE | |
| CITY-ST-ZIP | HIALEAH FL 33018 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, CARLOS A | |
| STREET ADDRESS | 7588 W. 33RD LANE | |
| CITY-ST-ZIP | HIALEAH FL 33018 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MELO, NELSON | |
| STREET ADDRESS | 7588 W. 33RD LANE | |
| CITY-ST-ZIP | HIALEAH FL 33018 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| 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 empowerd.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/02 (305) 592-6965

CR2E034 (9/01)