

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90053 035 ***150.00

DOCUMENT # P99000007163

1. Entity Name
MYLES' ELECTRIC MOTORS & PUMPS, INC.

Principal Place of Business Mailing Address
3101 S.E. CARNIVALE COURT 3101 S.E. CARNIVALE COURT
STUART FL 34994 STUART FL 34994



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0892334**

Applied For
 Not Applicable

Zip Country

Zip Country

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

ALAVI, ALEX
3101 S.E. CARNIVALE CT
STUART FL 34994

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/14/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **S ALAVI, ALEX**
 STREET ADDRESS **1879 SW CRANE CREEK AVE**
 CITY-ST-ZIP **PALM CITY FL 34990**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P ALAVI, ALLEN**
 STREET ADDRESS **18640 N.E. 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33179**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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TITLE Delete
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 CITY-ST-ZIP

Change Addition
 TITLE 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/14/02** DAYTIME PHONE # **561/283-1633**

CR2E034 (9/01)