

2001 UNIFORM BUSINESS REPORT (UBR)

0000681 AF

DOCUMENT # L00000009213

1. Entity Name

ELECTRA SUPPLY AND SERVICES, L.L.C.

FILED

01 APR 11 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

536 BILTMORE WAY
CORAL GABLES FL 33134

Mailing Address

536 BILTMORE WAY
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5721 SW, 25th Street

3. Mailing Address

5721 S.W., 25th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

65-1028752

Applied For

Not Applicable

Zip 33023

Country U.S.A.

Zip 33023

Country U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW

536 BILTMORE WAY

CUEVAS & RUBIN, P.A.

CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9000004036779--0
-04/20/01--01125--004
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT
NAME ORLANDO COBO
STREET ADDRESS 11010 S.W. 60 AVE
CITY-ST-ZIP MIAMI, FL 33156 ☐ Delete

TITLE
NAME VICTOR COBO
STREET ADDRESS GENERAL MANAGER
CITY-ST-ZIP 11010 S.W. 60 AVE
MIAMI, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-9-2001

305-6656108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)