

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90121 018 \*\*\*150.00

**DOCUMENT # 249171**

1. Entity Name  
**RICHARD ELECTRIC SUPPLY COMPANY, INC.**



Principal Place of Business  
~~6905 PRADO BLVD~~  
**CORAL GABLES FL 33143**

Mailing Address  
**7281 NW 8TH STREET**  
**MIAMI FL 33126**

30000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**8100 S.W. 60th AVE**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip

**33143**

Country

Zip

Country

4. FEI Number **59-0934811**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, JULIAN**

~~6905 PRADO BLVD~~

**CORAL GABLES FL 33143**

**8100 S.W. 60th AVE**  
**Miami, FL 33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/13/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PD FERNANDEZ, JULIAN, JR.**  
STREET ADDRESS ~~6950 PRADO BLVD.~~ **8100 S.W. 60th AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33146 Miami, FL 33143**

TITLE ☐ Delete  
NAME **ST ESPALLARGAS, GLADYS**  
STREET ADDRESS ~~3120 SW 78TH CT~~ **6423 Collins AVE**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete  
NAME **D LAGE, JUSTINA**  
STREET ADDRESS **5746 SW 4TH STREET**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete  
NAME **D FERNANDEZ, GLORIA M**  
STREET ADDRESS ~~6950 PRADO BLVD.~~ **5801 S.W. 74 TERR.**  
CITY-ST-ZIP **CORAL GABLES FL 33146 APT # 2 Miami, FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

**JULIAN FERNANDEZ**  
**1/13/03**  
Date

Daytime Phone #

CR2E034 (10/02)