

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90089 001 ***150.00

DOCUMENT # 308416

1. Entity Name

MIAMI SHORES ELECTRIC, INC.

Principal Place of Business

**1770 NW 112 TH ST.
MIAMI FL 33167
US**

Mailing Address

**16162 SW 66TH ST
FT LAUDERDALE FL 33331-4633
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1237465

Applied For

Not Applicable

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

**BUYAMA, SANDRA
1770 NW 112TH ST.
MIAMI FL 33167**

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, 2000 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 **T** ☐ Delete
NAME **HOLLOWAY, JEANNIE**
STREET ADDRESS **1776 NW 112TH ST**
CITY-ST-ZIP **MIAMI, FL 00000**TITLE **P** ☐ Delete
NAME **BUYAMA, SANDRA**
STREET ADDRESS **16162 SW 66TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33331**TITLE **S** ☐ Delete
NAME **AUSBURN, PATRICIA**
STREET ADDRESS **162 N.W. 108TH ST.**
CITY-ST-ZIP **MIAMI, FL 00000**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 empowered.

SIGNATURE: Sandra Buyama
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-16-2000**

Date

954-680-8050

Daytime Phone #

CR2E034 (9/99)