2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am § Secretary of State 308416 DOCUMENT # 1. Entity Name 03-06-2002 90055 034 ***150.00 MIAMI SHORES ELECTRIC, INC. Principal Place of Business Mailing Address 16162 SW 66TH ST 1770 NW 112 TH ST. FT LAUDERDALE FL 33331 MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State FEI Number 59-1237465 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUYAMA, SANDRA Street Address (P.O. Box Number is Not Acceptable) 1770 NW 112TH ST. **MIAMI FL 33167** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE Jeannie Blandoletti HOLLOWAY, JEANNIE NAME NAME 1776 NW 112TH ST STREET ADDRESS 84015W 107 Aug Apt \$355 E STREET ADDRESS MIAMI, FL 00000 CITY-ST-2IP CITY-ST-ZIP MAMI ☐ Addition TITLE Change ☐ Delete TITLE BUYAMA, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 16162 SW 66TH ST CITY-ST-ZIP FT LAUDERDALE FL 33331 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE Musbum tatricia NAME AUSBURN, PATRICIA STREET ADDRESS 20734 NW 151ved STREET ADDRESS 162 N.W. 108TH ST. Pembroke Pinjen H 33029 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

FILED