

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 368466

1. Entity Name

ELECTRIC POWER AND SERVICE OF DADE COUNTY, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90017 007 ***158.75

Principal Place of Business

2125 BISCAYNE BLVD., SUITE 320
MIAMI FL 33137

Mailing Address

2125 BISCAYNE BLVD., SUITE 320
MIAMI FL 33137

2. Principal Place of Business

2125 Biscayne Blvd.

3. Mailing Address

2125 Biscayne Blvd.

Suite, Apt. #, etc.

#320

Suite, Apt. #, etc.

#320

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33137

Country

Zip

33137

Country

4. FEI Number

59-1300538

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

VAUGHAN, CLIFTON

7625 76th TRYALL DR.
MIAMI FL 33015

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

Clifton Vaughan
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	2125 VAUGHAN, CLIFTON	
STREET ADDRESS	3550 BISCAYNE BLVD., #607-320	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Clifton Vaughan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 305.576.0376