

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 402992**

1. Entity Name

OTHERS ELECTRIC CO., INC.**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90013 046 ***150.00

Principal Place of Business

**935 NE 171 ST
NORTH MIAMI BEACH FL 33162-2506**

Mailing Address

**935 NE 171 ST
NORTH MIAMI BEACH FL 33162-2506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1399986

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****HAGEN, MAX M
1220 DUPONT BLDG
MIAMI FL**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	PST			
	HAGEN, BERNICE			
	935 NE 171 ST.			
	NORTH MIAMI BEACH FL			
	V			<input type="checkbox"/> Delete
	HAGEN, JACK J			
	935 NE 171 ST.			
	NORTH MIAMI BEACH FL			
	V			<input type="checkbox"/> Delete
	CSUK, LASZLO			
	935 NE 171 ST.			
	NORTH MIAMI BEACH FL			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	ST				
	HAGEN, BERNICE				
	935 NE 171 ST				
	NMB, FL 33162				
	P			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	HOWARD S. H				
	HAGEN, HOWARD S				
	935 NE 171 ST				
	NMB, FL 33162				
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK J. HAGEN

Date

4-3-01

Daytime Phone #

305-653-7503

CR2E034 (10/00)