

027515

2006 FOR PROFIT CORPORATION INVOICE ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 444542-06

1. Entity Name
ATLAS ELECTRIC SUPPLIES, INC.



Principal Place of Business
1111 W 22ND ST
PO BOX X1300
HIALEAH, FL 33010-1920

Mailing Address
1111 W 22ND ST
PO BOX X1300
HIALEAH, FL 33010-1920



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0812272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORDICH, ALAN
1111 WEST 22ND STREET
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GORDICH, ALAN
1111 W 22ND ST
HIALEAH, FL 330101920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ANGELLOTTI, EDWARD
1111 W 22ND ST
HIALEAH, FL 330101920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
GORDICH, LAWRENCE
1111 W 22ND ST
HIALEAH, FL 330101920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GORDICH, STEPHEN
1111 W 22ND ST
HIALEAH, FL 330101920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06

305-845-8541

Date

Daytime Phone #