

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503801

1. Entity Name

SOUTHERN STATES ELECTRIC CORP.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90010 049 ***150.00

Principal Place of Business

10755 S.W. 188 ST.
MIAMI FL 33157

Mailing Address

10755 S.W. 188 ST.
MIAMI FL 33157-6799

2. Principal Place of Business

13727 S.W. 152 ST.
Suite, Apt. #, etc.
#288

3. Mailing Address

13727 S.W. 152 ST.
Suite, Apt. #, etc.
#288

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33177

Country

DADE

Zip

33177

Country

DADE

4. FEI Number

59-1824741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVERBOOK, DANIEL Z.
1 BISCAYNE TOWER
MIAMI FL 33132

7. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> Delete
NAME	BRANAM, EARL	
STREET ADDRESS	10755 S.W. 188 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRANAM, RICHARD E	
STREET ADDRESS	10755 S.W. 188 ST.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRANAM, EARL N	
STREET ADDRESS	10755 S.W. 188 ST.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13727 S.W. 152 ST. #288	
STREET ADDRESS	MIAMI FL 33177	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13727 S.W. 152 ST. #288	
STREET ADDRESS	MIAMI FL 33177	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13727 S.W. 152 ST. #288	
STREET ADDRESS	MIAMI FL 33177	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

EARL BRANAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

305-2545644

Daytime Phone #

CR2E034 (9/99)