

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 08:00 AM
Secretary of State

DOCUMENT # 533487

1. Entity Name
 MIAMI DADE ELECTRIC, INC.

Principal Place of Business 17311 NW 49TH AVE MIAMI FL 33055	Mailing Address PO BOX 4905 HIALEAH FL 330140905 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-1745601

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HENDRICKS, WALLACE F.
 17311 N.W. 49TH AVE.
 CAROL CITY FL 33055 US

7. Name and Address of New Registered Agent

Name
 TRUEBA RAFAEL PT
 Street Address (P.O. Box Number is Not Acceptable)
 17311 N.W. 49TH AVE.
 City MIAMI FL Zip Code 33055

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 **RAFAEL TRUEBA, PRESIDENT** DATE **02/27/2000**
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUEBA RAFAEL			NAME			
STREET ADDRESS	17311 NW 49TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33055			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRICKS, A M			NAME	TRUEBA MONICA AS		
STREET ADDRESS	17311 NW 49TH AVE.			STREET ADDRESS	17311 NW 49TH AVE.		
CITY-ST-ZIP	MIAMI FL 33055			CITY-ST-ZIP	MIAMI FL 33055		
TITLE	PT	<input type="checkbox"/> Delete		TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRICKS, WF			NAME	TRUEBA RAFAEL PT		
STREET ADDRESS	17311 NW 49TH AVE.			STREET ADDRESS	17311 NW 49TH AVE.		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI FL		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Rafael Trueba PT 02/27/2000