

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827965

1. Entity Name

S & P ELECTRICAL INDUSTRIES, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90149 002 \*\*\*150.00

Principal Place of Business

11601 BISCAYNE BLVD  
STE 200A  
NO MIAMI FL 33181  
US

Mailing Address

11601 BISCAYNE BLVD.  
SUITE 200A  
NORTH MIAMI FL 33181-3151  
US

2. Principal Place of Business

70 ELECTRO-MED HEALTH IND

3. Mailing Address

70 ELECTRO-MED HEALTH IND

Suite, Apt. #, etc.

11601 BISCAYNE BLVD-STE 200A

Suite, Apt. #, etc.

11601 BISCAYNE BLVD-STE 200A

City & State

NO. MIAMI, FL 33181

City & State

NO. MIAMI, FL

4. FEI Number

59-1398870

Applied For

Not Applicable

Zip

33181-3151

Country

USA

Zip

33181-3151

Country

USA

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

CSC - THE UNITED STATES CORPORATION  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LEHMAN, PHYLLIS	11601 BISCAYNE BLVD., STE. 200A	NORTH MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Phyllis Lehman, Pres* 3/30/2000 305-892-2866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25024 (9/00)