## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 827965**

1. Entity Name

S & P ELECTRICAL INDUSTRIES, INC.							03-01-2001 90059 045 ***150.00					
Principal Place of Business  /O ELECTRO-MED HEALTH IND 1601 BISCAYNE BLVD STE 200A IAMI FL 33181-3151 S			Mailing Address C/O ELECTRO-MED HEALTH IND 11601 BISCAYNE BLVD STE 200A MIAMI FL 33181-3151 US				(88/8) 19/8 1/8  : 18/8 18/8 4/8	1 818)t B1919	<b>818</b> 11 <b>818</b> 11	aiphi issi		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State			3. Mailing Address  Suite, Apt. #, etc.  City & State				DO NOT WRITE IN THIS SPACE					
						4. FEI Number 59-1398870 Applied Fo				olied For Applicable		
Zip Country		Country	Zip Country		try	5. 0	5. Certificate of Status Desired S8.75 Add Fee Require		75 Addi	tional		
	6. Name a	and Address of Current Re	jistered Agent			7. Name and Address of New Registered Agent						
				<del></del>	Name							
CSC - THE UNITED STATES CORPORATION 1201 HAYS STREET					Street Addres	ss (P.O. B	iox Number is Not Acceptable)					
TALLAHASSEE FL 32301				City				Zip Code	:			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  **Miles**  **Mil			FILE NOW After MAY 1, 20	Flue NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution.			<b>0</b> May Be to Fees		
11.		OFFICERS AND DI		12.			DITIONS OF TANKS TO OFFICE OF	AND DID	-0-00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEHMAN, I 11601 BIS NORTH MI	PHYLLIS CAYNE BLVD., STE. 200	Delete	TITL NAN STR	E	AD	DITIONS/CHANGES TO OFFICERS		ECTORS Change	Addition		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete						Change	Addition		
TYTLE NAME SYREET ADDRESS CHTY-ST-ZIP			☐ Delete						Change	Addition.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Adaition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		j				Change	☐ Addition		
NAME STREET ADDRESS			☐ Delete	TEIT NAI STE					Change	Addition		

FILED Mar 01, 2001 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP	PD LEHMAN, PHYLLIS 11601 BISCAYNE BLVD., STE. 200A NORTH MIAMI FL	∟ Delete	TITLE NAME STREET AODRESS CHY ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 2/26/0, 305-8922866