

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001969

1. Entity Name

SOUTHEAST MECHANICAL CONTRACTORS, L.L.L.P.

Principal Place of Business

2120 S.W. 57TH TERRACE  
HOLLYWOOD, FL 33023

Mailing Address

2120 S.W. 57TH TERRACE  
HOLLYWOOD, FL 33023

FILED

01 JUL 27 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1062859

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INTEGRATED ENERGY SERVICES, INC.  
2120 S.W. 57TH TERRACE  
HOLLYWOOD, FL 33023

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

Joseph Mankiga, President

(NOTE: Registered Agent Signature required when reinstating)

7/23/01

DATE

9. Capital Contributions

as shown on record

3,812,015

10. Amount of Capital Contributions

in FLORIDA to date

3,812,015

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
INTEGRATED ENERGY SERVICES, INC.  
2120 S.W. 57TH TERRACE  
HOLLYWOOD, FL 33023

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Joseph Mankiga

7/9/01

Date

954-981-3600

Daytime Phone #

CR2E003 (1/1/00)