

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90171 031 \*\*\*158.75

**DOCUMENT # G26870**

1. Entity Name

**V & V ELECTRICAL, INC.**

Principal Place of Business

Mailing Address

4391 N.W. 2ND STREET  
MIAMI FL 331264391 N.W. 2ND STREET  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1868695**

Applied For

Not Applicable

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

**VAZQUEZ, FAUSTINO R**  
**3040 NW 6 ST**  
**MIAMI FL 33125**

Name

**FAUSTINO R. VAZQUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**4391 N.W. 2 ST**

City

**MIAMI**

FL

Zip Code

**33126**

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

**3/16/01**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	<b>VAZQUEZ, FAUSTINO R</b>	
STREET ADDRESS	<b>4391 N.W. 2ND ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, LAZARO</b>	
STREET ADDRESS	<b>20000 SW 216 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33170</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>MARIO SANCHEZ</b>	
STREET ADDRESS	<b>1045-10ST APT. 606</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>VAZQUEZ, EDUARDO J</b>	
STREET ADDRESS	<b>4391 N.W. 2ND ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>VAZQUEZ, FAUSTINO</b>	
STREET ADDRESS	<b>4391 N.W. 2ND ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/01**

Date

**(305) 446-1133**

Daytime Phone #

CR2E034 (10/00)