

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G41796**

1. Entity Name

**HOME ELECTRIC SERVICE OF SOUTH FLORIDA, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90036 011 \*\*\*158.75

Principal Place of Business

8601 SW 121 ST.  
MIAMI FL 33156

Mailing Address

8601 SW 121 ST.  
MIAMI FL 33156-5117

2. Principal Place of Business

**8754 S.W. 129 ST**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

4. FEI Number

**59-2299832**

Applied For

Not Applicable

Zip

**33176**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, RANDALL J.  
8601 S.W. 121ST STREET  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

**RANDALL J. THOMAS**

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

**8754 S.W. 129 ST**

City

**MIAMI**

**FL**

Zip Code

**33176**

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

*Randall J. Thomas*

**4-7-00**

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

TITLE **PDST** ☐ Delete  
NAME **THOMAS, RANDALL J**  
STREET ADDRESS **8601 SW 121 ST.**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☒ Change ☐ Addition  
NAME **THOMAS, RANDALL J.**  
STREET ADDRESS **8754 S.W. 129 ST**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **V. PRES.** ☒ Change ☒ Addition  
NAME **THOMAS, JAMES C**  
STREET ADDRESS **8754 S.W. 129 ST**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Randall J. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-00 315-254-6778**

Date

Daytime Phone #

CR2E034 (9/99)