## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## H27252 **DOCUMENT #**

1. Entity Name

R.E. BARDIN ELECTRICAL CONTRACTORS, INC.



## Mar 10, 2003 8:00 am § Secretary of State **FILED**

03-10-2003 90732 003 \*\*\*150.00

				o we 15				
Principal Place of Business 6701 SUNSET DR STE 101 MIAMI FL 33143 US		Mailing Address 6701 SUNSET DR STE 101 MIAMI FL 33143 US						
2. Principal Place of Business		3. Mailing Address			-	D3	FOR BEAUTH BIBLIC #41	IAH BEBUK 1841
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-24553	379		plied For
Zip Country		Zip	Zip Coun		5. Certificate of Status Desired S8.75 Additional Fee Required		itional	
	6. Name and Address of Current	Registered Ager	nt		7. Name and Address of No	ew Registered A	gent	
MACKENDREE, RONALD O. 6701 SUNSET DR STE 101				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33143				City		FL	Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of o	changing its regist	tered office or register	red agent, or both, in the State of	of Florida. I am f	amiliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regist	tered Agent signature required	d when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					9. Election Campaig Trust Fund Contrib			May Be to Fees
10.	OFFICERS AND	DIRECTORS	1	1.	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	IN 11
TITLË NAME STREET ADORESS CITY-ST-ZIP	P BARDIN, R.E. 6701 SUNSET DR, STE 101 MIAMI FL		N S	ITLE IAME ITREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEMAN, ARNALDO 7772 S.W. 34 TERR. MIAMI FL		N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Change	Addition
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I nereby 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 purpose employee do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with practices, with all other like empowered.

SIGNATURE: Z