## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE: >

## May 07, 2000 8:00 am **DOCUMENT # J53641** 1. Entity Name Secretary of State IN PHASE ELECTRIC, INC. 05-07-2000 90019 025 \*\*\*150.00 Principal Place of Business Mailing Address 4841 NE 2ND TERR 4841 NE 2ND TERR FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334-6003 UUUUUT ~~ 2. Principal Place of Business 3. Mailing Address 659 N.E. 42nd Street 659 N:/E. 42nd Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0001658 Not Applicable Oakland Park, FLOakland Park, Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33334-3140 USA 33334-3140 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARDAMONE, GERY J. Street Address (P.O. Box Number is Not Acceptable) 4841 NE 2ND TERR FORT LAUDERDALE FL 33334 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITI F TITLE CARDAMONE, GERY J. NAME NAME STREET ADDRESS STREET ADDRESS 4841 N.E. 2ND STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST~ZIP ☐ Change TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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