

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01237

1. Entity Name

D & H DEPENDABLE ELECTRIC, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90031 001 ***150.00

Principal Place of Business

3160 SW 22 STREET
 FT LAUDERDALE FL 33312
 US

Mailing Address

3160 SW 22 STREET
 FT LAUDERDALE FL 33312
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0012385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTELLON, VINCENT JOSEPH

5040 SW 5TH ST.

PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Castellon, Vincent Joseph

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

3160 SW 22 Street

City

Fort Lauderdale

FL

Zip Code

33312

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)

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 D
 NAME CASTELLON, VINCENT JOSEPH
 STREET ADDRESS 2160 SW 22 STREET
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 3160
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 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 or powered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-2K

Date

587-0053

Daytime Phone #

CR05024 15/00

00082122

U.S. Postal Service Delivery Confirmation Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer)

Division of Corporate
P.O. Box 1500
Tallahassee FL 32300

POSTAL CUSTOMER:
Keep this receipt. For inquiries: Access
Internet web site at www.usps.com
or call 1-800-222-1811

J#5558

CHECK ONE (POSTAL USE ONLY)

☒ Priority Mail

☐ Standard Mail (B)

(See Reverse)

DELIVERY CONFIRMATION NUMBER

0310 2990 0006 3983 6591



PS Form 3822, May 2000

No Penalties AS Per
Michele Miligan.

First check Returned.
Did Not Receive First
Notice.
Sent check, check Returned.

WLR