2000 UNIFORM-BUSINESS REPORT (UBR) FILED DOCUMENT # May 11, 2000 8:00 am 1. Entity Name . Secretary of State EMPIRE ELECTRIC MAINTENANCE AND SERVICE, INC 03-02-2000 90195 050 ***150.00 Principal Place of Business Mailing Address 01-12-2000 90096 010 *****8.75 1041 5W 47 Th Ave 1041 SW 67Th Aug MIAMI, 77 33144 MIAMI, 77 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0084560 Not Applicable Zip~ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTONIO E. HERNANDEZ 1041 6W 67 Th Ave Street Address (P.O. Box Number is Not Acceptable) Miami, 71-33144 Zip Code 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, typed or printed name of registered agent and alle if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!!|FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. rector / vuner Delete TITLE Change Addition TITLE Antonio E. Hernandez. 1041 Suc 107 Aug SMAN NAME STREET ADDRESS STREET ADDRESS West Miami, Fl 33144 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 nn e ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 R DIRECTOR