

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90020 018 ****55.00

DOCUMENT # L00000009213

1. Entity Name

ELECTRA SUPPLY AND SERVICES, L.L.C.

Principal Place of Business

Mailing Address

**5721 SW 25TH STREET
HOLLYWOOD FL 33023**

**5721 SW 25TH STREET
HOLLYWOOD FL 33023**

2. Principal Place of Business

3. Mailing Address

3625 NW 82 Ave

3625 NW 82 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

305

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33166

U.S.A.

33166

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUEVAS, ANDREW
536 BILTMORE WAY
CUEVAS & RUBIN, P.A.
CORAL GABLES FL 33134**

Name

Orlando Cobo

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

3625 NW 82 Ave Suite#. 305

City

Miami

FL

Zip Code
33166

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)

3/28/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COBO, ORLANDO
11010 SW 60 AVE
MIAMI FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Orlando Cobo
11625 NW 51 Ln
Miami, Florida 33178** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member/Mgr.
Belen Cobo
11625 NW 51 Ln
Miami, Florida 33178** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
Electra Representaciones y Construc-
ciones
Centro Empresarial La Lagunita, Ofc 308
Av. Sur, La Lagunita, Caracas, Venezuela** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

03/28/02

(305)477-4114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)