

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90030 017 \*\*\*158.75

**DOCUMENT # L57631**

1. Entity Name

FLORIDA UTILITIES, INC.

Principal Place of Business

6433 W 8TH LANE  
HIALEAH FL 33012

Mailing Address

6433 W 8TH LANE  
HIALEAH FL 33012

2. Principal Place of Business

2545 West 80 St.

3. Mailing Address

16154 N.W. 77 Path

Suite, Apt. #, etc.

# 16

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Miami Lakes, FL

Zip

33016

Country

U.S.A

Zip

33016

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0180590

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAREDES, HECTOR  
6433 WEST 8TH LANE  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

Hector Paredes

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

16154 N.W. 77 Path

Miami Lakes, FL

33016

City

FL

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

*Hector Paredes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/01  
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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PVPT	<input type="checkbox"/> Delete
NAME	PAREDES, HECTOR	
STREET ADDRESS	6433 W 8TH LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SILVA, ROBERTO	
STREET ADDRESS	2545 WEST 80TH STREET, #16	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hector Paredes	
STREET ADDRESS	16154 N.W. 77 Path	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:

*Hector Paredes pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01 305-557-3094  
Date Daytime Phone #

CR2E034 (10/00)