## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # L85272** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** TONY'S ELECTRICAL CONTRACTING, INC. 03-31-2000 90009 024 \*\*\*150.00 Principal Place of Business Mailing Address 4709 SW 74TH AVENUE 4709 SW 74TH AVENUE MIAMI FL 33155-4416 MIAMI FL 33155 631377 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0203596 Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOLERO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 11030 SW 42ND AVENUE **MIAMI FL 33165** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete TITLE MOLERO, ANTONIO NAMÈ STREET ADDRESS 11030 SW 42ND TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITI F ☐ Delete TITLE MOLERO, JACQUELINE NAME NAME STREET ADDRESS 11030 SW 42ND TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Addition ☐ Change TITLE ☐ Delete \_ → TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ 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 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:

305–552–0016

Daytime Phone #