2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** L85272

1. Entity Name
TONY'S FLECTRICAL CONTRACTING INC.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90146 044 ***150.00

101413	ELECTRICAL CONTRACTIN	IG, IIVO.	N. T. S. W. T. W. T. S. W. T. W. T. S. W. T. W. T. W. T. W. T. W. T. S. W. T. W. W. T. W.		
Principal Place of Business 4709 SW 74TH AVENUE MIAMI FL 33155		Mailing Address 4709 SW 74TH AVENUE MIAMI FL 33155	· · · · · · · · · · · · · · · · · · ·		
2. Principal Place of Business		3. Mailing Address			######################################
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0203596	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered	Fee Required Agent
			Name		
	, antonio V 42nd avenue		Street Addres	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL	33165				
	٠.		City	FL	Zip Code
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent			•	
		and title if applicable. (NOTE: I	Registered Agent signature requ	uired when reinstating) DATE	
。 Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME CERCET ADDRESS	MOLERO, ANTONIO		NAME		
STREET ADDRESS CITY-ST-ZIP	11030 SW 42ND TERRACE		STREET ADORESS CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOLERO, JACQUELINE		NAME	·	_ , , _ , _ , _ ,
STREET ADDRESS CITY-ST-ZIP	11030 SW 42ND TERRACE MIAMI FL		STREET ADDRESS		
TITLE	I ITIIAIVII I L	Delete	CITY-ST-ZIP		
NAME	, <u>, , , , , , , , , , , , , , , , , , </u>		NAME	يشهر المساور والمحاج والمحاج والمحاج والماري الماري والماري والماري والماري	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STORES NO POTOS		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete		70	
NAME		□ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		onling monitori
STREET ADDRESS			STREET ADDRESS		}
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby c	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for the	e exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further cer	tify that the information

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: