

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000617

1. Entity Name

ELECTRICAL SYSTEMS INTERNATIONAL, L.C.

FILED

01 MAR 26 PM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8095 N.W. 64 STREET  
MIAMI FL 33166

Mailing Address

8095 N.W. 64 STREET  
MIAMI FL 33166

2. Principal Place of Business

4955 S.W. 75 AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33155

Country

USA

Country

4. FEI Number

65-0606226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRUXTON, GREGG S  
2121 PONCE DE LEON BLVD.  
600  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME AZOUT, JACK ☒ Delete  
STREET ADDRESS 8095 N.W. 64 STREET  
CITY-ST-ZIP MIAMI FL 33166

TITLE MGR  
NAME AZOUT-DEL SALTO, PATRICIA J ☒ Delete  
STREET ADDRESS 8095 N.W. 64 STREET  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4955 SW 75 AVE  
CITY-ST-ZIP Miami, FL 33156

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4955 SW 75 AVE  
CITY-ST-ZIP Miami, FL 33156

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

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CITY-ST-ZIP

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

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

3/8/01

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

Date

Daytime Phone #

CR2E083 (11/00)