

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90243 049 ***150.00

DOCUMENT # M46332

1. Entity Name

INSIGHT ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

6701 NW 23RD TERR.
FT. LAUDERDALE FL 33309

6701 NW 23RD TERR.
FT. LAUDERDALE FL 33309-1405

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1033 NE 44 STREET
Suite, Apt. #, etc.

1033 NE 94 ST
Suite, Apt. #, etc.

City & State

City & State

OAKLAND PARK, FL

OAKLAND PARK, FL

Zip

Country

Zip

Country

33334

BROWARD

33334

BROWARD

4. FEI Number

59-2472562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARON, RICHARD, ESQ.
11077 BISCAYNE BLVD.
SUITE 307
MIAMI FL 33161

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PUJA, CARL A.**
STREET ADDRESS **1033 NE 44TH ST**
CITY-ST-ZIP **FT LAUDERDALE F**

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

TITLE **ST** ☐ Delete
NAME **GRITTER, THOMAS J.**
STREET ADDRESS **6701 NW 23RD TERR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Carl A. Puja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00
Date

954-202-0322
Daytime Phone #

CR2E034 (9/99)