

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90012 036 \*\*\*150.00

DOCUMENT # M56717

1. Entity Name  
DELTA WYE ELECTRICAL CONTRACTOR, INC.

Principal Place of Business

4731 N.W. 4 TERRACE  
MIAMI FL 33126

Mailing Address

4731 N.W. 4 TERRACE  
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14340 SW 19 TERR  
Suite, Apt. #, etc.

3. Mailing Address

14340 SW 19 TERR  
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number 59-2825874

Applied For

Not Applicable

Zip

33175

Country

MIAMI-DADE

Zip

33175

Country

MIAMI-DADE

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

FELIZ, MANUEL  
4731 N.W. 4 TERRACE  
MIAMI FL 33126

Name FELIZ, MANUEL

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

14340 SW 19 TERR

City MIAMI

FL

Zip Code 33175

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

*M. Feliz*

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

(NOTE: Registered Agent signature required when reinstating)

4/4/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | PD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | FELIZ, MANUEL       |                                            |
| STREET ADDRESS | 4731 N.W. 4 TERRACE |                                            |
| CITY-ST-ZIP    | MIAMI FL            |                                            |
| TITLE          | STD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | FELIZ, REBECCA      |                                            |
| STREET ADDRESS | 4731 N.W. 4 TERRACE |                                            |
| CITY-ST-ZIP    | MIAMI FL            |                                            |
| 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    |                     |                                            |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |                                            |
| STREET ADDRESS |                     |                                            |
| CITY-ST-ZIP    |                     |                                            |

|                |                  |                                                                              |
|----------------|------------------|------------------------------------------------------------------------------|
| TITLE          | PD               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FELIZ, MANUEL    |                                                                              |
| STREET ADDRESS | 14340 SW 19 TERR |                                                                              |
| CITY-ST-ZIP    | MIAMI FL 33175   |                                                                              |
| TITLE          | STD              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FELIZ, REBECCA   |                                                                              |
| STREET ADDRESS | 14340 SW 19 TERR |                                                                              |
| CITY-ST-ZIP    | MIAMI FL 33175   |                                                                              |
| 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    |                  |                                                                              |
| 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:

*M. Feliz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2001

Date

305-7533600

Daytime Phone #

CR2E034 (10/00)