

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83451

1. Entity Name

FLORIDA KEYS ELECTRIC, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90074 033 ***150.00

Principal Place of Business

Mailing Address

% RAYMOND VAZQUEZ
P.O. BOX 2156
KEY WEST FL 33045-2156
US

% RAYMOND VAZQUEZ
P.O. BOX 2156
KEY WEST FL 33040-6010
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5970 Peninsular Ave.

5970 Peninsular Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 12

Suite 12

City & State

City & State

Key West, FL

Key West, FL

4. FEI Number

65-0053891

Applied For

Not Applicable

Zip

Country

33040

Monroe

Zip

Country

33040

Monroe

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

VAZQUEZ, RAYMOND
23 DRIFTWOOD DR
KEY WEST FL 33040

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 **PT** ☐ Delete
NAME **VAZQUEZ, RAYMOND**
STREET ADDRESS **23 DRIFTWOOD DR**
CITY- ST- ZIP **KEY WEST FL 33040**

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

TITLE **VP** ☐ Delete
NAME **VAZQUEZ, CAROLINE**
STREET ADDRESS **23 DRIFTWOOD DR**
CITY- ST- ZIP **KEY WEST FL 33040**

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

TITLE **S** ☐ Delete
NAME **ELLIS, DELOR J**
STREET ADDRESS **12 VICTORIA CIRCLE**
CITY- ST- ZIP **MASSHPEE MA 02649**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Vazquez 04/03/00 305-296-4028

Date

Daytime Phone #

CR2E034 (9/99)