

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90543 003 ***158.75

0118910

DOCUMENT # M83451

1. Entity Name
FLORIDA KEYS ELECTRIC, INC.

Principal Place of Business
% RAYMOND VAZQUEZ
5970 PENINSULAR AVE STE 12
KEY WEST FL 33040
US

Mailing Address
% RAYMOND VAZQUEZ
5970 PENINSULAR AVE STE 12
KEY WEST FL 33040
US

814798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5730 2ND AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
5730 2ND AVENUE
 Suite, Apt. #, etc.

City & State
KEY WEST, FL
 Zip
33040
 Country
USA

City & State
KEY WEST, FL
 Zip
33040
 Country
USA

4. FEI Number **65-0053891**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VAZQUEZ, RAYMOND
23 DRIFTWOOD DR
KEY WEST FL 33040

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 **RAYMOND VAZQUEZ** **2-16-01**
 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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	VAZQUEZ, RAYMOND	23 DRIFTWOOD DR	KEY WEST FL 33040	<input type="checkbox"/>
VP	VAZQUEZ, CAROLINE	23 DRIFTWOOD DR	KEY WEST FL 33040	<input type="checkbox"/>
S	ELLIS, DELOR J	12 VICTORIA CIRCLE	MASSHPEE MA 02649	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Raymond Vazquez** **2-16-01** **305-296-4028**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)