## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jan 14, 2000 8:00 am Secretary of State DOCUMENT # **N46236** 1. Entity Name INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION. 01-14-2000 90030 027 \*\*\*\*61.25 Principal Place of Business Mailing Address 15665 MIAMI LAKEWAY. #302 15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131 MIAMI LAKES FL 33014-2131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0434817 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOLSTEIN, ROBERT W 15665 MIAMI LAKEWAY #302 MIAMI LAKES FL 33014 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. .4 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE ☐ Addition TITLE ☐ Delete FRED LOESCHE, JIII NAME NAME Gayman, John R280 NWS. RIVER DRIVE STREET ADDRESS STREET ADDRESS 10465 SW 184 TERR HEDLEY, 7L 33166 CHY-ST-ZIP CITY-ST-7IP MIAMI FL 33157 Change ☐ Addition ☐ Delete TITLE TITLE S Jim Moran NAME SIMS, ALAN NAME 13288 SW 120 ST. STREET ADDRESS STREET ADDRESS **1089 SE 9 COURT** MIAMI, 71-33186 CITY-ST-ZIP CITY-ST-ZIE HIALEAH FL 33010 M Change ☐ Addition TITLE TITLE ☐ Delete JACK HIGGINS NAME NAME MORAN, JIM 6900 NZ 4 COURT STREET ADDRESS STREET ADDRESS 13288 SW 120 ST MIAMI. 7L 33138 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33186 Change ☐ Addition TITLE BIANE Williams TITLE Ð ☐ Delete CHILDS, HARRY 3 NAME NAME 4050 SW 126 ATE STREET ADDRESS STREET ADDRESS 13610 SW 142 AVE CITY-ST-ZIP NIRAHAR, 7L 33027 CITY-ST-ZIP MIAMI FL 33186 Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME HIGGINS, JACK 8191 NW 91 TERR. #A-8 6900 NE 4 COURT STREET ADDRESS STREET ADDRESS MEDLEY, 7L 33166 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** TITLE ☐ Delete TITLE Addition Yaaan what NAME SAMUELS, CALVIN NAME NW 90 ST. STREET ADDRESS STREET ADDRESS 481 NE 189 ST MIAMI, 7L 33150 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empoweged to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED