FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90182 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031195

90135648

1. Entity Name
NORTHERN ELECTRIC SERVICES INCORPORATED

Principal Place of Business	Mailing Address
1841 SW 133 TERR. MIRAMAR, FL 33027	1841 SW 133 TERR. MIRAMAR, FL 33027

2. Principal Place of Business	3. Mailing Address
10811 N. Golfview Dr.	10811 N. Golfview Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines - Fl.	City & State: Pembroke Pines Fl
Zip: 33026 Country: Dade	Zip: 33026 Country: Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0995407 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, RAUL
1841 SW 133 TERR.
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name: Lopez, Raul
Street Address (P.O. Box Number is Not Acceptable): 10811 N. Golfview Dr.
City: Pembroke Pines FL Zip Code: 33026

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 5/13/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $150.00 ... Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOPEZ, RAUL 1841 SW 133 TERR. MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lopez, Raul 10811 N. Golfview Dr. Pembroke Pines, Fl. 33026	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #