

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90085 022 ***150.00

DOCUMENT # P00000047082

1. Entity Name
J. G. ELECTRIC REPAIRS CORP

Principal Place of Business Mailing Address
9155 NW 120 ST
HIALEAH GARDENS FL 33018-4177

A0045929

2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-1059694

Applied For: Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOSE GOMEZ
9155 NW 120 ST
HIALEAH GARDENS FL 33018-4177

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: _____ (NOTE: Registered Agent signature required when re-registering) 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: P/D <input type="checkbox"/> Delete	NAME: JOSE GOMEZ
STREET ADDRESS: 9155 NW 120 ST	CITY-STATE-ZIP: HIALEAH GARDENS FL 33018-4177 <input type="checkbox"/> Delete
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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] 04/03/01 (305) 218-9491