

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047591

1. Entity Name

Southern Electrical Pipe Co. Inc.

Principal Place of Business

Mailing Address

8274 N.W. S. River Dr.
Miami, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Carlos Fox
500 Payne Drive
Miami, FL 33166

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)

X

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Carlos Fox
500 PAYNE DR.
MIAMI FL 33166

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition
SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV -5 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1034585

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (11/00)

SEPCO, INC.

SOUTHERN ELECTRICAL PIPE COMPANY, INC.

8274 NW SOUTH RIVER DRIVE * MIAMI FL 33166
PHONE (305) 883 - 8512 FAX (305) 883 - 8680

Date: October 11, 2001

~~To: Florida Department of State~~

Attn: To whom it may concern,

We have recently received a certificate of administrative dissolution or revocation. Document Number **P-00000047591**. Under the corporation name **Southern Electrical Pipe Company Inc.** Federal Tax Number 65-1034585. I have spoken to one of your representatives and was made aware that since we never received reinstatement application, we are not responsible for the cost of reinstatement. We were then instructed to write this letter explaining our situation and mail together with a check in the amount of \$ 150.00. Please contact us if you have any questions in order to resolve this matter immediately. Thank you very much for your prompt response. (305)883-8512.

Regards,

Carlos Fox