

2003

2003 UNIFORM BUSINESS REPORT (UBR)

0061307 AV

DOCUMENT # P00000101614

1. Entity Name

PROFESSIONAL ELECTRIC CONTRACTOR, INC.

FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

14223 S.W. 145 PLACE
MIAMI FL 33186

Mailing Address

14223 S.W. 145 PLACE
MIAMI FL 33186

2. Principal Place of Business

3511 Bent wood DR

3. Mailing Address

3511 Bent wood DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Kissimmee FL

4. FEI Number

65-1051546

Applied For

Not Applicable

Zip

34741

Country

Zip

34741

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASTRILLO, ALBERTO~~~~14223 S.W. 145 PLACE~~~~MIAMI FL 33186~~ALAIN Armada
3511 Bent wood DR
Kissimmee FL 34741

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

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) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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 PD ☐ Delete
NAME ARMADA, ALAIN
STREET ADDRESS 14223 S.W. 145 PLACE
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ Change ☐ Addition
NAME 500020055255
STREET ADDRESS 05/29/03--01006--005 **150.00
CITY-ST-ZIPTITLE VPD ☐ Delete
NAME ARMADA, ALAIN
STREET ADDRESS 14223 S.W. 145 PLACE
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03

CR2E034 (4/02)