

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90572 041 \*\*\*150.00

029675 AV

**DOCUMENT # P00000113268**

1. Entity Name  
**ELECTRIC VOLT, INC.**

Principal Place of Business  
**3501 SW 107 AVE  
MIAMI FL 33165**

Mailing Address  
**16102 SW 104TH TERRACE  
MIAMI FL 33196**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10022 NW 80 AV.**

3. Mailing Address  
**10201 SW 128 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HALEAH GARDENS, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-1059427**

Applied For  
Not Applicable

Zip  
**33016**

Country  
**USA**

Zip  
**33176**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**DIAZ, NELSON I  
3501 SW 107 AVE  
MIAMI FL 33165**

**7. Name and Address of New Registered Agent**

Name  
**IVAN MORALES**

Street Address (P.O. Box Number is Not Acceptable)  
**10022 NW 80 AV.**

City  
**HALEAH GARDENS FL** Zip Code  
**33016**

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

**3/29/02**

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
LORETO, ARMANDO R  
3501 SW 107 AVE  
MIAMI FL 33165** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
JAIMES, ALMALUZ  
3501 SW 107 AVE  
MIAMI FL 33165** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

**ARMANDO R. LORETO**

**03/29/02**

Date

**305-556-4748**

Daytime Phone #

CR2E034 (9/01)