CR2E034 (10/02)

☐ Addition

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2003 FOR PROFIT CORPORATION

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DOCUMENT # P0100003105 1. Entity Name MARIANO SERRA ELECTRIC, INC.									Secretary of State 04-16-2003 90251 032 ***150.00			
Principal Place of Business 7414 WEST 34TH COURT HIALEAH FL 33018			7414	Mailing Address 7414 WEST 34TH COURT HIALEAH FL 33018			ļ			: N	lika más úd	11 Š ur d 1 S 111 1 34 1
2. Principal Place of Business				3 Mailing Address Same as Aboue			e					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 65-1066737				Applied For
Zip	Zip Country		Zip	Zip C		Country		5. Certific	ate of Status Desired		\$8.75 A	dditional
	6 Name	and Address of Current	Register	ed Agent	·			7. Name a	and Address of New R			
Name									<u> </u>	<u>g</u>		
SERRA, MARIANO J 7414 WEST 34TH COURT HIALEAH FL 33018						Street Address (P.O. Box Number is Not Acceptable)						
le .						City		·-·.		FL	Zip Co	de
	tions of registe	submits this statement for red agent.	· · · · ·					ed agent, or		orida. I am fa	amiliar with	n, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fin Trust Fund Contribution	n.	Adde	00 May Be ed to Fees
10.	OFFICERS AND DIRECTORS					11.			NS/CHANGES TO OFF	ICERS AND	DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SERRA, MA 7414 WEST HIALEAH F	34TH COURT		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET CITY-S	ADDRESS			<u>.</u>	•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	r of many with my	iye is (tex in a per a hear)	च्य ें ्री	Delete Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			and a second		☐ Change	Addition
TITLE				Delete	TITLE	· · · -		 .			☐ Change	☐ Addition

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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