2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or to changed, or on an attachment with a

SIGNATURE:

address, with all other

Feb 18, 2002 8:00 am P01000042816 DOCUMENT # **Secretary of State** PREMIER ELECTRICAL CONTRACTOR INC. 02-18-2002 90006 020 ***158 Principal Place of Business Mailing Address PO BOX 432535 6619 SOUTH DIXIE HWY #173 MIAMI FL 33243 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1099131 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ancio, George L. CANCIO, GEORGE L Box Number is Not Acceptable) South DIXIE HWY 1111 SW 8TH STREET #201 **MIAMI FL 33130** City Miami ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity, SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE ☐ Addition George L. Cancio 6619 South Dixie Hwy #173 CANCIO, GEORGE L NAME NAME 1111 SW 8TH STREET #201 "STREET ADDRESS STREET ADDRESS MIAMI FL 33130 MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED