

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90291 042 ***150.00

DOCUMENT # P01000083070

1. Entity Name
RITE WAY ELECTRIC SERVICES, INC.



Principal Place of Business
11556 SW 6TH TERRACE
MIAMI FL 33174

Mailing Address
11556 SW 6TH TERRACE
MIAMI FL 33174

11556 SW. 6 terr

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

MIAMI FLA

Suite, Apt. #, etc.

same

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1145564

Applied For
Not Applicable

Zip 33174

Country Dade

Zip

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

BLANCO, IRAIDA
11556 SW 6TH TERRACE
MIAMI FL 33174

Name GUSTAVO BLANCO
Street Address (P.O. Box Number is Not Acceptable) 9801 W. FLAGLER ST LOT-A-100
City MIAMI FL Zip Code 33174

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME BLANCO, IRAIDA President
STREET ADDRESS 11556 SW 6TH TERRACE
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE Registered Agent
NAME GUSTAVO BLANCO
STREET ADDRESS 9801 W. FLAGLER ST
CITY-ST-ZIP MIAMI FL 33174 LOT-A-100 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)