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Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90118 046 ***163.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084359

1. Entity Name
SOLUTION ELECTRIC, INC.

Principal Place of Business	Mailing Address
760 PENYSYLVANIA AVENUE FORT LAUDERDALE FL 33312	760 PENYSYLVANIA AVENUE FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
760 Pennsylvania Ave	760 Pennsylvania Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Laud, Fla	City & State: Fort Laud, Fla
Zip: 33312 Country: U S A	Zip: 33312 Country: U.S.A.

4. FEI Number 65-1133043 — Applied For / Not Applicable

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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	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.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DESRAVINES, BENJAMIN 760 PENYSYLVANIA AVENUE FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DESRAVINES, LYNDA M 760 PENYSYLVANIA AVENUE FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Benjamin Desravines 02-28-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #