2002 Uniform Business Report (UBR)

FILED Apr 17, 2002 8:00 am Secretary of State

| DOCUMENT # P01000084359 | | | | | 04-17-2002 90118 046 ***163.75 | | | | | |
|---|---|---------------------------------|---|--|--------------------------------|---|------------------------|--------------------|---------------------|----------------|
| 1. Entity Name SOLUTION ELECTRIC, INC. | | | | | | 04-17 | -2002 9011 | 8 040 | 105.7 | 5 |
| } | | \ 1 | | | | | | | | |
| Dissipat Diss | a of Business | Mailing Address | | | 1 | | | | | |
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| 760 PENYSYLVANIA AVENUE 760 PENYSYLVANIA AVENUE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 | | | | | } | | | | | |
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| | | - | | | | | | | | |
| 2. Principal P | Vaniou AV | . | i indiindi in maist iibis satti A | 1911 MÅI(1 MA+A+ 1911) | BISSE (NO. | Pinth last 1944 | | | | |
| Suite, Apt. | | Jbu Penn Suite, Apt. #, etc. | 7711 | WITTON THE | | DO NOT WAI | TE IN THIS SPA | ιCΕ | | |
| | | 4 CE | Number | | TA | oplied For | ٦ | | | |
| City & State | and Fla | Fort land F | la | 9493492° | | -113 304 | <u> </u> | | ot Applicable | |
| Zlp | Country | Zip | Coun | iy C | 5. Cer | tificate of Status Desired | | .75 Add Require | | |
| <u> </u> | 6. Name and Address of Current R | edistered Apont | Ų. | J.#- | 7. Nan | ne and Address of New F | | | - | ┥ |
| ļ | U. Namo end Addioso di Contant | | | Name | | | | | |] |
| SPIEGEL & UTRERA, P.A. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 1840 SW | | | <u> </u> | | 11.53 | Still india | - | | | |
| 4TH FLOOR | | | | | | | | | | 4 |
| MIAMI FL 33145 | | | | City | | | _ FL | Zip Cod | e |] |
| 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 an | d the if applicable. (NOTE | : Registered | Agent signeture required | d when reinst | ating) | DATE | | | 1 |
| 9. This science | pration is eligible to satisfy its Intangible | FILE NOW! | II FEE | IS \$150.00 | | | | <u></u> | | 7 |
| Tax filing r | will be \$550.00 | i i | Election Campaign Fir Trust Fund Contribution | | | May Be | 1. | | | |
| | ria on back) | Make Check Payab | | partment of Sta | | TIONS (OLIANOES TO OFF | ICEDS AND DI | DECTOR | C INI 11 | 4 |
| 11. | OFFICERS AND D | DIRECTORS Delete | 12. | | ADDI | TIONS/CHANGES TO OFF | | Change | Addition | ∫g |
| NAME | PTD DESRAVINES, BENJAMIN | | NAM | ساحاجا | | يو د درسم | | | - | CR2E034 (9/01) |
| STREET ADORESS | 760 PENYSYLVANIA AVENUE | | 31 | et address -St-Zip | | | | | | 18 |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | ☐ Delete | TITLE | | | · | | Change | Addition | 윊 |
| TITLE : | SVD Desravines, Lynda M | LI Desete | NAMI | | | | _ | | _ | |
| STREET ADDRESS | 760 PENYSYLVANIA AVENUE | | - 11 | et address - St-21P | | | | | | } |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | ☐ Delete | TITLE | | | | | Change | Addition | 1 |
| TITLE NAME | | C Odiere | HAMI | | | | | | _ | |
| STREET ADDRESS | | | ĮI. | et address -st-zip | | | | | | |
| CITY-SI-ZIP | <u></u> | | | | <u> </u> | | |) Change | Addition | 1 |
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| -SIMLET ADDRESS* | | | 11 | ET ADDRESS | | خسی ه «بورسی» بیون <u>ی پیده میستی تند</u> | <u></u> | | | - |
| CITY-ST-ZIP | | F1 | | -ST-ZIP | | | | Change | Addition | 4 |
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| STREET ADDRESS | | | - 11 | et address | | | | | | |
| CITY-ST-ZIP | | · | 11 | -ST-ZIP | | 07/0//0 Final - 01-1 | 1 6 male - a a - alf : | that sh = " | oformatic - | 4 |
| 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. | | | | | | | | | | |
| CICNIAT | UDE KOM NO | min) Doc | , | M • • | 5 | a ag- | -02 | • . | | |
| SIGNATURE: Jenjamin Herranina 02-28-02 | | | | | | | | | | Ī |