FILED
Sep 15, 2003 8:00 am
Secretary of State
09-15-2003 90153 042 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097328 (L)

1. Entity Name
USA Electrical Supply, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 N State Rd 7	
Suite, Apt. #, etc. #111	Suite, Apt. #, etc.
City & State Margate, Florida	City & State
Zip 33063 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1142523 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Angel Hernandez Leon
Street Address (P.O. Box Number is Not Acceptable) 101 N State Rd 7 #111
City Margate FL Zip Code 33063

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] Vice President — 9/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Angel Hernandez Leon	NAME	
STREET ADDRESS	101 N State Rd 7 #111	STREET ADDRESS	
CITY-ST-ZIP	Margate FL 33063	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Elenia Figueroa	NAME	
STREET ADDRESS	101 N State Rd 7 #111	STREET ADDRESS	
CITY-ST-ZIP	Margate FL 33063	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Vice President — 9/10/03 — 954-818-5266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
#P01000097328

80148109

9-10-03

To: FL Dept of State

Div: Corporation Division

Re: No Report for Renewal Received

Enclose Please find a USR & Check Enclose for Renewal We never Received your Report. Please Accept my Renewal and thank You for Your Cooperation in this Matter.

Angel Hernandez