

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90135 045 ***150.00

DOCUMENT # P01000109185

1. Entity Name
RAYMOND ELECTRIC, INC.



Principal Place of Business
**7400 WEST 20TH AVENUE
SUITE 311
HIALEAH FL 33016**

Mailing Address
**7400 WEST 20TH AVENUE
SUITE 311
HIALEAH FL 33016**



2. Principal Place of Business

7400 W 20 Ave Suite 311

3. Mailing Address

7400 W 20 Ave

Suite, Apt. #, etc.

Hialeah FL 33016

Suite, Apt. #, etc.

Suite 311

City & State

Hialeah FL

City & State

Hialeah FL

☐ CHECK HERE IF MAKING CHANGES

Zip

33016 USA

Zip

33016 USA

Country

USA

4. FEI Number

65-1152918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANTANA, RAMON
7400 WEST 20TH AVENUE
SUITE 311
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

SANTANA, Ramon

Street Address (P.O. Box Number is Not Acceptable)

7400 West 20th Avenue Suite 311

City

Hialeah

FL

Zip Code

33016

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/03

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SANTANA, RAMON J	
STREET ADDRESS	7400 WEST 20TH AVENUE, STE. 311	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANTANA, RAMON E	
STREET ADDRESS	7400 WEST 20TH AVENUE, STE. 311	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

(786) 853 6325

Daytime Phone #

CR2E034 (10/02)