

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90141 019 \*\*\*150.00

**DOCUMENT # P01000114868**

1. Entity Name  
**METRO ELECTRICAL CONTRACTOR, INC.**



Principal Place of Business  
**1010 S.W. 8TH COURT  
MIAMI FL 33130**

Mailing Address  
**1010 S.W. 8TH COURT  
MIAMI FL 33130**



2. Principal Place of Business  
**8435 N.W. 169th TERRACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**8435 N.W. 169th TERRACE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI LAKES, FLORIDA**  
Zip  
**33016**  
Country

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**MIAMI LAKES, FLORIDA**  
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**33016**  
Country

4. FEI Number **60-0000287**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, AMAT S  
1010 S.W. 8TH COURT  
MIAMI FL 33130**

**7. Name and Address of New Registered Agent**

Name  
**FERNANDEZ, AMAT S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8435 N.W. 169th TERRACE**  
City  
**MIAMI LAKES, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, AMAT S 1010 S.W. 8TH COURT MIAMI FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERNANDEZ, MERCEDES 1010 S.W. 8TH COURT MIAMI FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, AMAT S 8435 N.W. 169th TERRACE MIAMI LAKES, FLORIDA 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERNANDEZ, MERCEDES 8435 N.W. 169th TERRACE MIAMI LAKES, FLORIDA 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/01/03** **305-401-4321**  
Date Daytime Phone #

CR2E034 (10/02)