

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000055285

1. Entity Name

O & J ELECTRICAL ENTERPRISES, INC.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 037 ***150.00

Principal Place of Business

Mailing Address

661 NW 36TH STREET
POMPANO BEACH, FL 33064

661 NW 36TH STREET
POMPANO BEACH, FL 33064

2. Principal Place of Business

250 W SAMPLE RD

3. Mailing Address

250 W SAMPLE RD

Suite Apt. #, etc.

#B-116

Suite Apt. #, etc.

#B-116

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

02-0603752

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORENO, ABARCA

661 NW 36TH STREET

POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

531 E. SAMPLE RD

City

POMPANO BEACH, FL

FL

Zip Code

33064

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/01/03
DATE

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, 2003 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

TITLE **PTD** ☐ Delete
NAME **ABARCA MORENO, JESUS**
STREET ADDRESS **661 NW 36TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **ABARCA MORENO, JESUS**
STREET ADDRESS **250 W SAMPLE RD #B-116**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #