

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90176 046 ***150.00

DOCUMENT # P02000066571

1. Entity Name
NODAL ELECTRIC CORP.



Principal Place of Business
16391 NW 84 COURT
MIAMI LAKES FL 33016

Mailing Address
16391 NW 84 COURT
MIAMI LAKES FL 33016

2. Principal Place of Business

16391 N.W. 84ct

3. Mailing Address

16391 N.W. 84ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes FL

Zip

33016

Country

U.S.

Zip

33016

Country

U.S.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Jose A Nodal

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/02

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	D	<input type="checkbox"/> Delete
NAME	NODAL, MICHAEL	
STREET ADDRESS	16391 NW 84 COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	NODAL, JOSE	
STREET ADDRESS	16391 NW 84 COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	NODAL, JOSE A JR	
STREET ADDRESS	16391 NW 84 COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	NODAL, CARMEN	
STREET ADDRESS	16391 NW 84 COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
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	Director/President/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose A Nodal Sr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President/chairmen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose A Nodal Jr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen Nodal	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Nodal	
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

Jose A Nodal

1/19/02

786-586-3020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)