## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Mar 13, 2001 8:00 am DOCUMENT # **P93000058556 Secretary of State** 1. Entity Name DESO ELECTRIC, INC. 03-13-2001 90072 001 \*\*\*150.00 Principal Place of Business Mailing Address 7801 W 25TH COURT 7901 W 25TH COURT HIALEAH FL 33018 HIALEAH FL 33018 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0436322 Not Applicable Zip 33016 Country Country \$8.75 Additional 5. Certificate of Status Desired 3016 -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGAL INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON ROAD., STE 300 FT. LAUDERDALE FL 33326 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition DESO, DENNIS NAME NAME STREET ADDRESS STREET ADDRESS 7801 W 25TH COURT CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE - 🗆 Delete = TIBE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empoyered.