

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021508

1. Entity Name

ELECTRIC SALES ASSOCIATES, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90068 047 ***150.00

Principal Place of Business

Mailing Address

8841 W. FLAGLER STREET
SUITE 403
MIAMI FL 33174

8841 W. FLAGLER STREET
SUITE 403
MIAMI FL 33326-3238

80015404

2. Principal Place of Business

3. Mailing Address

2121 N COMMERCE PKWY

2121 N COMMERCE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0480520

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUPERSTEIN, STANLEY H
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DELIZZA, RICHARD	
STREET ADDRESS	8841 W. FLAGLER ST. #403	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DELIZZA, ROBERT G.	
STREET ADDRESS	8841 W. FLAGLER ST. #403	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOUGH, WARREN	
STREET ADDRESS	8841 W. FLAGLER ST. #403	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	DELIZZA, RICHARD S	
STREET ADDRESS	2121 N COMMERCE PKWY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	DELIZZA, ROBERT G	
STREET ADDRESS	2121 N COMMERCE PKWY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	GOUGH, WARREN	
STREET ADDRESS	2121 N COMMERCE PKWY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 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 11 or Block 12, 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

1/28/00 954 385-8885
Date Daytime Phone #