

# 200Q UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010653

1. Entity Name  
**INDEPENDENT ELECTRIC INC.**



**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90096 049 \*\*\*150.00

Principal Place of Business  
**5533 N.W. 84TH AVENUE  
MIAMI FL 33166**

Mailing Address  
**5533 N.W. 84TH AVENUE  
MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0557262**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**RIVERO, OLGA  
5533 N.W. 84 AVE.  
MIAMI FL 33166**

## 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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
RIVERO, OLGA  
5533 N.W. 84 AVE.  
MIAMI FL 33166**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*07/24/00*

Date

Daytime Phone #

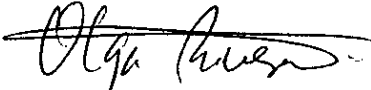
CR2E034 (5/00)

Attachment  
DH # 09500001 0653  
DO 77402

TO WHOM IT MAY CONCERN:

I OLGA RIVERO I PAID MY ANNUAL REPORT FROM APRIL NOW I RECEIPT A LETTER WHERE THEY COMMUNICATE ME THAT THEY HAVE NOT RECEIVED THE PAYMENT I WENT TO MY BANK AND ASK IF THE CHECK THAT I SENT WAS CHARGED AND THEY COMMUNICATED ME THAT THAT CHECK HAD NOT BEEN REPORTED SO FAR IMMEDIATELY I PUT HIM A STOP PAYMENT AND NOW I SENDS THEM THE PAYMENT I REQUEST THEM THAT THEY EXCUSE ME THE UNSUITABILITY AND ANY QUESTION CALLME AS SOON AS POSIBLE IN THE FOLLOWING PHONE (305)593-1557.

SINCERELY,



OLGA RIVERO  
PRESIDENT