

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045889

1. Entity Name

POWER SERVICE CONTRACTORS INC

Principal Place of Business

2137 W 60 ST 19827 NW 85 Ave
HIALEAH FL 33016 Miami, FL 33015

Mailing Address

8135 NW 167 ST 19827 NW 85 Ave
E+4 Miami, FL 33015
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0593099

Applied For

Not Applicable

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

AYZE, LUIS M AYZE LUIS M
921 N.W. 30 COURT 19837 NW 85 Ave
MIAMI FL 33125 Miami, FL 33015

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, 2001 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 PD ☐ Delete
NAME AYZE, LUIS M
STREET ADDRESS 921 N.W. 30 COURT
CITY-ST-ZIP MIAMI FL 33125

TITLE PD ☒ Change ☐ Addition
NAME ~~AYZE~~ AYZE LUIS M.
STREET ADDRESS 19837 NW 85th Avenue
CITY-ST-ZIP Miami, FL 33015

TITLE VD ☐ Delete
NAME AYZE, ELENA B
STREET ADDRESS 921 N.W. 30 COURT
CITY-ST-ZIP MIAMI FL 33125

TITLE VP ☒ Change ☐ Addition
NAME AYZE Elena B
STREET ADDRESS 19837 NW 85th Avenue
CITY-ST-ZIP Miami, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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 an address with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis AYZE President 4/24/01

305-829-9906

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE