

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90106 013 \*\*\*150.00

**DOCUMENT # P95000049351**

1. Corporation Name  
**ELECTRICOMM OF MIAMI, INC.**



Principal Place of Business

**12500 S.W. 33 STREET  
MIAMI FL 33178**

Mailing Address

**12500 S.W. 33 STREET  
MIAMI FL 33178**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/23/1995**

4. FEI Number

**65-0590260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**BARRETT, BETTINA  
12500 S.W. 33 STREET  
MIAMI FL 33178**

10. Name and Address of New Registered Agent

**81** Name **United States Registered Agents, Inc.**

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

**83** **329 Granello Avenue**

**84** City **Coral Gables**

**FL**

**85** Zip Code **33146**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-28-99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BARRETT, BETTINA**  
STREET ADDRESS **12500 S.W. 33 STREET**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition  
1.2 NAME **Leroy Barrett**  
1.3 STREET ADDRESS **12500 S.W. 33 Street**  
1.4 CITY-ST-ZIP **Miami FL 33175**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Belle Barrett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-20-99**

**305 552 6611**

CR2E034 (11/98)