

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049351

Entity Name

BARRETT ELECTRICAL SERVICES, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90033 002 ***150.00

Principal Place of Business
3301 SW 130 Ave
MIAMI FL 33175

Mailing Address
3301 SW 130 Ave
MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0590260

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

7. Name and Address of New Registered Agent

UNITED STATE REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES FL 33146

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, 2002 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 ☒ Delete
NAME BARRETT, BETTINA
STREET ADDRESS 12500 SW 33 ST
CITY-ST-ZIP MIAMI FL 33175

TITLE P ☒ Change ☐ Addition
NAME Barrett, Bethna
STREET ADDRESS 3301 SW 130 Ave
CITY-ST-ZIP miami, FL 33175

TITLE PD ☒ Delete
NAME BARRETT, EMORY L
STREET ADDRESS 12500 SW 33 ST
CITY-ST-ZIP MIAMI FL 33175

TITLE PD ☒ Change ☐ Addition
NAME Barrett, Emory L
STREET ADDRESS 3301 SW 130 Ave
CITY-ST-ZIP miami, FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/02 (305) 223-7178

CR2E034 (9/01)