

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058489

1. Entity Name

ELECTRICAL ESTIMATORS OF FLORIDA, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90048 050 ***150.00

Principal Place of Business

Mailing Address

%M & M KIDS DAY CARE
10889 N. KENDALL DR.
MIAMI FL 33176

%S.T. SOLITT
~~P.O. BOX 432402~~
~~MIAMI FL 33243~~

Please correct address

2. Principal Place of Business

3. Mailing Address

10889 N. Kendall Dr.
Suite, Apt. #, etc.

913 Andalusia Ave.
Suite, Apt. #, etc.

City & State
MIA FL
Zip 33176

Country
MIA Dade

City & State
Coral Gables

Zip 33134 Country MIA - Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0605094 OK ☒ 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

SOLITT, S.T.

~~PO BOX 432402~~
~~MIAMI FL 33243~~

S. T. Solitt
913 Andalusia Ave.
Coral Gables, FL 33134

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

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>P SOLITT, S T PO BOX 432402 MIAMI FL 33243</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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 #

S. T. Solitt

1/17/00

305-596-1673

CR2E034 (9/99)