

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91196 024 \*\*\*150.00

**DOCUMENT # P95000095989**

1. Entity Name  
**NATIONAL ENERGY CONSERVATION, INC.**



Principal Place of Business  
**7593 NW 8TH ST  
#3  
MIAMI FL 33126  
US**

Mailing Address  
**7593 NW 8TH ST  
#3  
MIAMI FL 33126  
US**

2. Principal Place of Business  
**12139 SW 131 AVE  
Suite, Apt. #, etc.**

3. Mailing Address  
**12139 SW 131 AVE  
Suite, Apt. #, etc.**

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

4. FEI Number **65-0633313**

Applied For  
Not Applicable

Zip Country  
**33186 USA**

Zip Country  
**33186 US**

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

**6. Name and Address of Current Registered Agent**

**ARBALLO, HECTOR O  
7593 NW 8TH ST 12139 SW 131 AVE  
#3 MIAMI FL 33186  
MIAMI FL 33126**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **ARBALLO, HECTOR O**  
STREET ADDRESS **7593 NW 8TH ST #3**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **HECTOR OSCAR ARBALLO**  
CITY-ST-ZIP **12139 SW 131 AVE  
MIAMI FL 33186**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/03

305-232-6647

Date

Daytime Phone #

CR2E034 (10/02)