

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **p96000029620**

1. Entity Name

**SPIKE ELECTRIC INC**



03 JUL 14 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**2970 N.W 22nd St. Miami 33142**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami**

**FL.**

4. FEI Number

**650657516**

Applied For

Not Applicable

Zip

Country

Zip

**33142**

Country

**U.S.A**

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Orald Steward**

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

**2970 NW 22nd Street**

City

**Miami**

**FL**

Zip Code

**33142**

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

*Orald Steward*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **ORALD STEWART (President)**  
NAME **2970 NW 22nd St.**  
STREET ADDRESS **Miami FL 33142**  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200021516012**  
**07/14/03--01035--011 \*\*150.00**

TITLE **Vice President**  
NAME **JOEL HAMILTON**  
STREET ADDRESS **3389 SHERIDAN ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Orald Steward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



## **SPIKE ELECTRIC INC.**

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EC0001686

DATE: JUNE 10, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

I would like to inform you that we did not receive the 2003 Uniform Business Report and therefore our payment will be a little late.

We do appreciate your corporation, for more information please contact us at:  
(305) 637-4474.

Thank you,

Orald Stewart  
President