

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91138 020 ***150.00

UBR01 1

DOCUMENT # P96000040608
 1. Entity Name
PECTEL INSULATIONS, INC.

Principal Place of Business Mailing Address
2809 BIRD AVE **P.O. BOX 330866**
#132 **MIAMI FL 33233-0866**
~~COCONUT GROVE FL 33133~~ **US**
US

BUU46623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2450 WEST 80TH STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4

City & State City & State
HALEAH FL
 Zip Country Zip Country
33016 **USA**

4. FEI Number Applied For
65-0667842 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MITCHELL, PETER E
2809 BIRD AVE
132
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2450 WEST 80TH STREET
4
 City State Zip Code
HALEAH FL 33016

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

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, 2001 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-------------------|--------------------|------------------------|-------------------------------------|
| D | MITCHELL, PETER E | 2809 BIRD AVE- 132 | COCONUT GROVE FL 33133 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------------------|---------------------------------------|------------------|-------------------------------------|--------------------------|
| P S | PETER E MITCHELL | 2450 WEST 80 TH STREET, #4 | HALEAH, FL 33016 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ DATE: **4/30/01** DAYTIME PHONE #: **(305) 285 6776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)