

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064773

1. Entity Name

MASTER ELECTRIC & MAINTENANCE, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90052 043 ***158.75

Principal Place of Business

Mailing Address

5841 NW 114 ST
HIALEAH FL 33012

5841 NW 114 ST
HIALEAH FL 33012-6611

2. Principal Place of Business

9166 N.W. 173 Terrace

3. Mailing Address

9166 N.W. 173 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL. 33018

City & State

Miami, FL. 33018

4. FEI Number

65-0690479

Applied For

Not Applicable

Zip

33018

Country

Miami-Dade

Zip

33018

Country

Miami-Dade

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

GONZALEZ, VICTOR J

~~5841 NW 114 ST~~

9166 N.W. 173 Terrace

~~HIALEAH FL 33012~~

Miami, FL. 33018

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

TITLE DVP ☐ Delete
NAME GONZALEZ, VICTORIA
STREET ADDRESS 5841 NW 114 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE DP ☒ Change ☐ Addition
NAME GONZALEZ, VICTORIA
STREET ADDRESS 9166 N.W. 173 Terrace
CITY-ST-ZIP Miami, FL. 33018

TITLE DS ☐ Delete
NAME GONZALEZ, DUVIEL
STREET ADDRESS 5841 NW 114 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE DS ☒ Change ☐ Addition
NAME GONZALEZ, DUVIEL
STREET ADDRESS 9166 N.W. 173 Terrace
CITY-ST-ZIP Miami, FL. 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition
NAME GONZALEZ, VICTOR D.
STREET ADDRESS 9166 N.W. 173 Terrace
CITY-ST-ZIP Miami, FL.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 #

[Signature] **VICTORIA GONZALEZ** President 4/26/00 (305) 556-0236