

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098715

1. Entity Name

MEDOFF ELECTRIC COMPANY

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90093 047 \*\*\*150.00

Principal Place of Business

Mailing Address

1900 NW 33RD CT  
#10  
POMPANO BEACH FL 33069  
US

1900 NW 33RD CT  
#10  
POMPANO BEACH FL 33064-1332  
US

2. Principal Place of Business

2436 N. Federal Hwy

3. Mailing Address

2436 N. Federal Hwy

Suite, Apt. #, etc.

# 222

Suite, Apt. #, etc.

# 222

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

Zip

33064

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0711430

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

MEDOFF, SETH

1900 NW 33RD CT

SUITE 100

POMPANO BEACH FL 33064

Name

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

2436 N. Federal Hwy, #222

City

Lighthouse Point

FL

Zip Code

33064

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MEDOFF, SETH  
1900 NW 33RD CT, #10  
POMPANO BEACH FL 33064

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

2436 N. Federal Hwy #222  
Lighthouse Point, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

3-15-00

CR2E034 (9/99)