

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90164 029 ***150.00

DOCUMENT # **P97000009481** ✓
 1. Entity Name
FRAX ELECTRIC, INC.

Principal Place of Business Mailing Address
302 LAS PALMAS ST **302 LAS PALMAS ST**
ROYAL PALM BCH **ROYAL PALM BEACH**
FLA 33411 **FLORIDA 33411**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
05-0732727 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 AMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name **MARTA E. FRAXEDAS**
 Street Address (P.O. Box Number is Not Acceptable) **302 LAS PALMAS ST**
ROYAL PALM BEACH FL 33411

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 **Marta E. Fraxedas** DATE **04/25/01**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's 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	PSD	<input type="checkbox"/> Delete
NAME	FRAXEDAS MARTA E.	
STREET ADDRESS	302 LAS PALMAS ST	
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FRAXEDAS FELIPE	
STREET ADDRESS	302 LAS PALMAS ST	
CITY-ST-ZIP	ROYAL PALM BCH, FLA 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Marta E. Fraxedas** DATE **04/25/01** (561) 798-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)