

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011812

1. Entity Name

RAYDAN ELECTRIC, INC.

Principal Place of Business

11440 SW 3RD ST
MIAMI FL 33174

Mailing Address

11440 SW 3RD ST
MIAMI FL 33174

2. Principal Place of Business

4100 S.W. 94 Ave

3. Mailing Address

4100 S.W. 94 Ave

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33165

Country

USA

Zip

33165

Country

USA

6. Name and Address of Current Registered Agent

REYES, RAMON
11440 SW 3RD ST
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

REYES, RAMON

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

4100 S.W. 94 Ave

City

MIAMI, FL

33165

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, 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 DPT
NAME REYES, RAMON
STREET ADDRESS 11440 SW 3RD ST
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE DV
NAME HERNANDEZ, LAZARO L
STREET ADDRESS 17873 SW 114 AVE.
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TREASURER
NAME REYES, HELEN
STREET ADDRESS 4100 S.W. 94 AVE
CITY-ST-ZIP MIAMI, FL 33165 ☐ Change ☐ Addition

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

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

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

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

TITLE
NAME
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

3/31/01

Date

(305) 554-4050

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)