

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90102 022 ***158.75

DOCUMENT # P97000017367

1. Entity Name
RAND ELECTRIC, INC.



Principal Place of Business
**5500 NW 15TH ST.
M8
MARGATE FL 33063**

Mailing Address
**7667 W. SAMPLE RD.
STE. 171
CORAL SPGS FL 33065**

2. Principal Place of Business

5500 NW 15TH ST.

Suite, Apt. #, etc.

M8

City & State

MARGATE FL.

Zip

33063

Country

FLORIDA

3. Mailing Address

7667 W. Sample Rd

Suite, Apt. #, etc.

171

City & State

CORAL SPRINGS FL

Zip

33065

Country

FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0764268**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICHAEL TAYLOR
8298 NW 11 ST
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TAYLOR, MICHAEL**
STREET ADDRESS **8298 NW 11 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP TREASURER** ☐ Change ☒ Addition
NAME **ELEANOR TAYLOR**
STREET ADDRESS **8298 NW 11TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL TAYLOR

Date

1/20/03

Daytime Phone #

(954) 796 1915

CR2E034 (10/02)