

**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****

3. Mailing Address
**7667 W. Sample Rd
Suite, Apt. #, etc. **171****

City & State
MARGATE FL

City & State
CORAL SPRINGS FL

Zip
33063

Country
FLORIDA

Zip
33065

Country
FLORIDA

4. FEI Number **65-0764268**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME TAYLOR, MICHAEL	
STREET ADDRESS 8298 NW 11 STREET	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELEANOR TAYLOR	
STREET ADDRESS 8298 NW 11TH STREET	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
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	

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** *MICHAEL TAYLOR* **Resident** **1/20/03** **(954) 796 1915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)