

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90148 017 ***150.00

DOCUMENT # P97000019426

1. Entity Name
TRI POWER ELECTRIC CORP.

Principal Place of Business
226 EAST 45TH STREET
HIALEAH FL 33013

Mailing Address
226 EAST 45TH STREET
HIALEAH FL 33013

641521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
226 EAST 45 street
 Suite, Apt. #, etc.

3. Mailing Address
226 E. 45 Street
 Suite, Apt. #, etc.

City & State
Hialeah - FL
Zip
33013
Country
Dade

City & State
Hialeah - FL
Zip
33013
Country
Dade

4. FEI Number **65-0745150**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, NELSON R
226 EAST 45TH STREET
HIALEAH FL 33013

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MARTINEZ, NELSON R**
STREET ADDRESS **226 EAST 45TH STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **P** ☒ Change ☐ Addition
NAME **Martinez, Nelson R**
STREET ADDRESS **226 E. 45 street**
CITY-ST-ZIP **Hialeah, FL 33013**

TITLE **D** ☐ Delete
NAME **MARTINEZ, MARIA E**
STREET ADDRESS **226 EAST 45TH STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **S D** ☒ Change ☐ Addition
NAME **Martinez, Maria E**
STREET ADDRESS **226 E. 45 st**
CITY-ST-ZIP **Hialeah, FL 33013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Nelson R. Martinez **Nelson R. Martinez** **4-20-02** **(305) 558-6535**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)