

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000041874**

1. Entity Name

ELECTRICAL SERVICE GROUP, INC.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90160 022 ***150.00

Principal Place of Business
**8720 NORTH SHERMAN CORCLE
SUITE 504
MIRAMAR FL 33025**Mailing Address
**8720 NORTH SHERMAN CORCLE
SUITE 504
MIRAMAR FL 33025**

2. Principal Place of Business

3. Mailing Address

13560 NW 5 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION FL4. FEI Number **65-0763676**

Applied For

Not Applicable

Zip

Country

Zip

Country

33325**BROWARD**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NARKES, ABRAHAM
15050 N.E. 20 AVENUE
NORTH MIAMI FL 33181**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
AZUZ, SAMUEL N
8720 NORTH SHERMAN CORCLE
MIRAMAR FL 33025** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 fee empowered.

SIGNATURE: **SAMUEL AZUZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02 03 01 954 845 0008

CR2E034 (10/00)