# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 MAR 21 AM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079880

1. Entity Name
SPARK ELECTRICAL CONTRACTOR, INC.

REINSTATEMENT 02-03

| Principal Place of Business | Mailing Address |
|---|---|
| 13873 SW 285TH STREET<br>HOMESTEAD FL 33033 | 13873 SW 285TH STREET<br>HOMESTEAD FL 33033 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 13873 SW 285th Ster.<br>Suite, Apt. #, etc | 13873 SW 285th St.<br>Suite, Apt. #, etc |
| City & State: Homestead Fl.<br>Zip: 33033 Country: USA | City & State: Homestead Fl.<br>Zip: 33033 Country: USA |

4. FEI Number 65-0782576 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| BENITEZ, LEO ESQ.<br>122 MINORCA AVENUE<br>CORAL GABLES FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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] (LEO BENITEZ) 10/16/2002 DATE 2/21/03

Signature, type or printed name of registered agent and date required.

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 $550.00**
**After September 13, 2002 Fee will be $750.00**
**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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CASEZAS, WILFREDO<br>13873 SW 285TH STREET<br>HOMESTEAD FL 33033 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300008640228 ☐ Change ☐ Addition<br>10/29/02--01012--003 **750.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>300008640223<br>04/03/03--01043--007 **150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 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] 10/16/2002 786 355-9928

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