

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017957
 1. Entity Name
 M. B. ELECTRIC SERVICE CORP.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY -5 PM 2:55

Principal Place of Business
 16326 SW 26 ST
 Miramar FL 33027

Mailing Address
 P.O. BOX 820613
 SOUTH FLORIDA
 FL 33082

2. Principal Place of Business
 16326 SW 26 ST
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. BOX 820613
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miramar SOUTH FLORIDA

Zip
 33027 33082

Country
 Broward Broward

4. FEI Number
 650818082-251212

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Lissette Bermudez
 16326 SW 26 Street
 MIRAMAR FL 33027

7. Name and Address of New Registered Agent
 Name Jusef P. Munoz
 Street Address (P.O. Box Number is Not Acceptable)
 16326 SW 26 ST
 City MIRAMAR FL Zip Code 33027

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 *Jusef P. Munoz* 4/24/2000
 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, 2000 Fee will be \$550.00
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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Jusef P. Munoz 16326 SW 26 ST Miramar FL 33027 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE President Lissette Bermudez 16326 SW 26 ST Miramar FL 33027 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Jusef P. Munoz 16326 SW 26 ST MIRAMAR FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE President Lissette Bermudez 16326 SW 26 ST MIRAMAR FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3000003265503-4 -05/24/00-01078-001 *****\$1.25 *****\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Lissette Bermudez* 4/24/2000 (954) 802-3302 (305) 934-9179
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)