

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90097 048 \*\*\*150.00

**DOCUMENT # P98000036312**

1. Entity Name

**MIKE LANG ELECTRICAL CONTRACTORS, INC.**

Principal Place of Business

8407 SANDY CAY  
 WEST PALM BEACH FL 33411  
 US

Mailing Address

8407 SANDY CAY  
 WEST PALM BEACH FL 33411  
 US

2. Principal Place of Business

10839 NW 29th ST

Suite, Apt. #, etc.  
 Miami, FL

City & State

3. Mailing Address

10839 NW 29th ST

Suite, Apt. #, etc.  
 Miami, FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0827386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LANG, MICHAEL T  
 8407 SANDY CAY  
 WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name: Timothy James Lang  
 Street Address (P.O. Box Number is Not Acceptable): 10839 NW 29th ST.  
 City: Miami, FL  
 Zip Code: 33172

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: VP  
 NAME: LANG, MICHAEL T  
 STREET ADDRESS: 8407 SANDY CAY  
 CITY-ST-ZIP: WEST PALM BEACH FL 33411 ☒ Delete

TITLE: P  
 NAME: LANG, TIMOTHY JAMES  
 STREET ADDRESS: 10839 NW 29TH ST  
 CITY-ST-ZIP: MIAMI FL 33172 ☐ Delete

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
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 CITY-ST-ZIP:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0291596