"AMEND"

2001 UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 OCT 19 PM 1:28

DOCUMENT # P98000043132

1. Entity Name

H&D Electric, Inc.

Principal Place of Business: 12272 S.W. 10th Lane Miami, Fl. 33184

Mailing Address: SAME

2. Principal Place of Business: 12272 S.W. 10 Lane

Suite, Apt. #, etc

City & State: Miami, Fl 33184

Zip: 33184 Country: [illegible]

3. Mailing Address: Same

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0837405 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Hallgren, Art
12272 S.W. 10th Lane
Miami, Fl. 33184

7. Name and Address of New Registered Agent

Name: Same

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 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: PTD; NAME: Hallgren, Art; STREET ADDRESS: 12272 S.W. 10th Lane; CITY-ST-ZIP: Miami, Fl. 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SVD; NAME: Hallgren, Art; STREET ADDRESS: 12272 S.W. 10th. Lane; CITY-ST-ZIP: Miami, Fl. 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 10-15-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR