

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058368

1. Entity Name

ELEKTRA SERVICES OF MIAMI, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90906 012 ***150.00

Principal Place of Business

8831 SW 142ND AVE. #1935
 MIAMI FL 33186

Mailing Address

C/O PEREZ BEHAR & ASSOC INC
 14730 NE 10TH AVE
 N MIAMI FL 33161-2454

2. Principal Place of Business

3. Mailing Address

PEREZ BEHAR & ASSOC., P.A.
 Suite, Apt. #, etc.
13935 NW 1st AVENUE

Suite, Apt. #, etc.

City & State

City **MIAMI, FLORIDA 33168**

Zip

Country

Zip

Country

4. FEI Number

65-0846661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PEREZ BEHAR & ASSOCIATES, INC.
 14730 N.E. 10TH AVE.
 N. MIAMI FL 33161

7. Name and Address of New Registered Agent

Name **PEREZ BEHAR & ASSOC., P.A.**

Street Address **13935 NW 1st AVENUE**

MIAMI, FLORIDA 33168

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, 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 **D** ☐ Delete
 NAME **PACHECO, ARNALDO M**
 STREET ADDRESS **8831 SW 142ND AVE. #1935**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: Arnaldo M. Pacheco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

(305) 498 7430

CR2E034 (9/99)