

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091774

1. Entity Name

VELEZ ELECTRIC, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90008 031 ***550.00

Principal Place of Business

1916 N 60 STREET
TAMPA FL 33603

Mailing Address

1916 N 60 STREET
TAMPA FL 33603

2. Principal Place of Business

106. W. GENESSEE ST

3. Mailing Address

P.O. Box 7126

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3543061

Applied For

Not Applicable

Zip Country

33603

Zip Country

33673

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELEZ, WILBERTO
1916 N 60 STREET
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name MARIA H. VELEZ

Street Address (P.O. Box Number is Not Acceptable)

106. W. GENESSEE ST

City Tampa

FL

Zip Code 33603

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7/13/2000

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, 2000 Min. 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

TITLE PTD
NAME VELEZ, WILBERTO
STREET ADDRESS 1916 N 60 STREET
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE VD
NAME VELEZ, MARIA M
STREET ADDRESS 1916 N 60 STREET
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2000

813 234-1112

Date

Daytime Phone #

CR2E034 (5/00)