2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000017007

1. Entity Name

Highgrade Electric Contractors, Corp.

Principal Place of Business | Mailing Address

15489 Miami Lakes Way North, Ste 109
Miami Lakes, FL 33014

APPROVED AND FILED

00 NOV -8 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3613 S.W. 167 Ave	
Suite, Apt. # etc.	Suite, Apt. #, etc
City & State: Miramar FL	City & State
Zip: 33027 / Country	Zip / Country

4. FEI Number 65-0898421 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Palma, Nelson A.
15489 Miami Lakes Way North, Ste 109
Miami Lakes, FL 33014

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3613 S.W. 167 Ave

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 ______________________
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: Palma, Nelson A. STREET ADDRESS: 3613 S.W. 167 Ave CITY-ST-ZIP: Miramar, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Nelson A. Palma (305)231-5499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P9.2a12

Accounting & Tax Service, Inc.

November 7, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Highgrade Electric Contractors, Corp.
Document no. **P 99000017007**
2000 Annual Report/Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

1) Original Annual Business Report 2000
2) A check payable to the Department of State in the amount of $158.75

We are respectfully requesting abatement of the reinstatement fee of $400 since the above corporation had move from the previous address (15489 Miami Lakes Way, Ste. 109 Miami Lakes, FL 33014) and when it was time to file the report he did not received the forms. This was his first year in business.

Please review the above circumstances and abate the penalty fee as Mr. Palma acted in good faith to try and comply with the law and he has made a commitment to make the payment of renewal timely in the future.

We thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,

Jose A. Torres
Accountant

Nelson A. Palma
President

401 Miracle Mile, Suite 107 Coral Gables, Fl 33134 • Phone: (305) 442-7294 • Fax: (305) 442-7268 • E-Mail: injnamen@aol.com