

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90109 028 ***550.00

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DOCUMENT # P99000064657

1. Entity Name
HG ELECTROMECHANICAL SERVICE, INC.



Principal Place of Business
**15969 N.W. 64TH AVENUE
SUITE 110
MIAMI LAKES FL 33014**

Mailing Address
**15969 N.W. 64TH AVENUE
SUITE 110
MIAMI LAKES FL 33014**



2. Principal Place of Business

3. Mailing Address

**8445 NW 140th Terrace
Suite, Apt. #, etc.
#3805**

**8445 NW 140th Terrace
Suite, Apt. #, etc.
#3805**

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami Lakes FL

City & State
Miami Lakes FL

4. FEI Number **65-0936266**

Applied For
☐ Not Applicable

Zip
33016

Country

Zip
33016

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERMIN, DEXY
15969 N.W. 64TH AVENUE
SUITE 110
MIAMI LAKES FL 33014**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FERMIN, DEXY**
STREET ADDRESS **15969 N.W. 64TH AVENUE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE **D** ☐ Delete
NAME **GUDINO, HUGO**
STREET ADDRESS **15969 N.W. 64TH AVENUE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03 (786) 3031300

Date

Daytime Phone #

CR2E034 (4/03)