

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90058 001 \*\*\*150.00

**DOCUMENT # P99000069894**

1. Entity Name

**SERVICE FIRST ELECTRIC CONSTRUCTION CORP.**

Principal Place of Business

Mailing Address

10358 NORTHWEST 55TH STREET  
 SUNRISE FL 33351

10358 NORTHWEST 55TH STREET  
 SUNRISE FL 33351-8731

U U T U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10358 NW 55th ST

3. Mailing Address

10358 NW 55th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE

City & State

SUNRISE, FL

4. FFL Number

65-0944358

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

JACK SANZERI  
 10358 NW 55th ST  
 SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name JACK SANZERI

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

10358 NW 55th ST

City SUNRISE

FL

Zip Code

33351

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

1/10/00

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 PD  
 NAME SANZERI, JACK J ☐ Delete  
 STREET ADDRESS 10358 NORTHWEST 55TH STREET  
 CITY-ST-ZIP SUNRISE FL 33351

TITLE VSTD  
 NAME SANZERI, BARBARA L ☐ Delete  
 STREET ADDRESS 10358 NORTHWEST 55TH STREET  
 CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President ☒ Change ☐ Addition  
 NAME JACK SANZERI  
 STREET ADDRESS 10358 NW 55th ST  
 CITY-ST-ZIP SUNRISE, FL 33351

TITLE President ☐ Change ☒ Addition  
 NAME EMAD KAHOK  
 STREET ADDRESS 10358 NW 55th ST  
 CITY-ST-ZIP SUNRISE, FL 33351

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)