

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090917

1. Entity Name

WIRE & DESIGN ELECTRIC, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90074 019 ***150.00

Principal Place of Business

Mailing Address

4315 INVERNESS CT.
LAKELAND FL 33813

4315 INVERNESS CT.
LAKELAND FL 33813-1904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603039

Applied For

Not Applicable

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

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

Name

ISAAC M. CHVARTSMAN

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

4315 INVERNESS CT

City

LAKELAND, FL

FL

Zip Code

33813

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

Isaac Chvartsman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01.08.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME CHVARTSMAN, ISAAC M
STREET ADDRESS 4315 INVERNESS CT.
CITY-ST-ZIP LAKELAND FL 33813

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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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:

Isaac Chvartsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.08.00, 863-559-8239

Date

Daytime Phone #

CR2E034 (9/99)