2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S77709

1. Entity Name

SOUTH FLORIDA ELECTRIC ENTERPRISES, INC.

FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90180 047 ***150.00

•	ace of Business		Mailing	Mailing Address								
4711 SW 45 ST				4711 SW 45 ST								
FT. LAUDER	DALE FL 33314	ft. Lau	FT. LAUDERDALE FL 33314									
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2. Principal	Place of Busines	3. Mailin	3. Mailing Address									
Suite, Ap	ot. #, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	ate	City &	City & State				4. FEI Number 65-0295914			pplied For]	
Zip Country			Zip	Zip Cou			5. Certificate of Status Desire			\$8.75 Ad	lot Applicabl Iditional	4
	6. Name an	nt Registered	Registered Agent			7. Name and Address of New Registered Agent					ᅱ	
						_Name:				90		-
	ead, Russell / 45th street					Street Address (P.O. Box Number is Not Acceptable)						
		33314			•					··		4
FURI LA	OUERDALE FL	33314		· ÷								-
						City			FL	Zip Cod	de e	7
8. The above	re named entity su	ubmits this statement	for the purpos	e of changing its	registere	ed office or re	enistered ac	gent, or both, in the State of Fi		milior with	and accept	4
the obliga	ations of registere	d agent.		a ar armanging no	. 0 9 . 0 . 0 . 0	,	agiotorou ag	gent, or both, in the state of th	Onua. Tanin	ırımar witn,	, and accept	ĺ
CICNIATURE		de de la companya de La companya de la co										1
SIGNATURE	Signature, typed or p	rinted name of registered age	ent and title if applica	ble (NOTE	: Registered	d Agent signature	required when re	einstation)	DATE			
12		FEE IS \$150.00		<u> </u>				T				4
Afte	er May 1, 2003	Fee will be \$550.0	n					9. Election Campaign Fi	nancing	\$5.0	00 May Be	
Make Chec	k Payable to Fl	orida Department	of State					Trust Fund Contribution			d to Fees	1
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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:

SNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #