## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2001 8:00 am **DOCUMENT # V63247** Secretary of State 1. Entity Name GARMO ELECTRIC OF MIAMI COMPANY 01-25-2001 90110 003 \*\*\*158.75 Principal Place of Business Mailing Address 200 SW 133 AVE. 200 SW 133 AVE. MIAMI FL 33184 MIAMI FL 33184 C0009098 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0373134 Not Applicable Zip 、 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 200 SW 133 AVE. MIAMI FL 33184 City 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Addition ☐ Delete TITLE Change GARCIA, JOSE A. NAME STREET ADDRESS 200 SW 133 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL PST TITLE ☐ Delete TIT) F ☐ Change Addition GARCIA, JOSE A. NAME NAME STREET ADDRESS STREET ADDRESS 200 SW. 133 AVE CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

Joea Jern (JOSEA GARCIA

1/14/01

305-223-3695

Daytime Phone

**FILED**