## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **F99000005343** ARCO ELECTRICAL CONSTRUCTION CORPORATION 01-25-2000 90029 021 \*\*\*155.00 Mailing Address Principal Place of Business 104-22 100TH STREET 104-22 100TH STREET OZONE PARK NY 11417 **OZONE PARK NY 11417-2207** D0007580 · 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 11-24 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IACOMETTA, ARTHUR T Street Address (P.O. Box Number is Not Acceptable) 5507 NORTH MILITARY TRAIL #402 **BOCA RATON FL 33496** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE IACOMETTA, ARTHUR T NAME NAME STREET ADDRESS STREET ADDRESS 5507 NORTH MILITARY TRAIL #402 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Change ☐ Addition TITLE Delete TITLE MADDEN, CHARLES P NAME NAME STREET ADDRESS STREET ADDRESS 46 WEST 11TH ROAD CITY-ST-ZIP CITY-ST-ZIP **BROAD CHANNEL NY 11693** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change | ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SARTHUR T. TACOMETTA, PRE SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIVISOR

FILED