

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G21230

1. Entity Name

BEST QUALITY ELECTRICAL CONTRACTOR INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90042 027 \*\*\*158.75

Principal Place of Business

Mailing Address

ANTONIO GALLEGOS  
1711 WEST 38TH PL #1201  
HIALEAH FL 33012

% ANTONIO GALLEGOS  
1711 WEST 38TH PL #1201  
HIALEAH FL 33012-7034

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

65-0137236

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

GALLEGO, ANTONIO  
1711 WEST 38TH PLACE  
STE. 1201  
HIALEAH FL 33012

Name

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

City

FL

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  
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 TSD ☒ Delete  
NAME GALLEGO, ANTONIO  
STREET ADDRESS 7885 N.W. 185TH ST.  
CITY-ST-ZIP HIALEAH FL

TITLE TSD ☒ Change ☐ Addition  
NAME Ingrid Martinez  
STREET ADDRESS 1711 North Bay Shore Drive Apt. 2741  
CITY-ST-ZIP Miami FL

TITLE PD ☒ Delete  
NAME GALLEGO, RAMON  
STREET ADDRESS 7885 N.W. 185TH ST.  
CITY-ST-ZIP HIALEAH FL

TITLE PD ☒ Change ☐ Addition  
NAME Ramon Gallego  
STREET ADDRESS 1220 West 60 Street  
CITY-ST-ZIP Hialeah FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Ana L. Gallego  
STREET ADDRESS 1711 West 38th Pl. Suite 1201  
CITY-ST-ZIP Hialeah FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)