

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90052 039 \*\*\*150.00

**DOCUMENT # L47623**

1. Entity Name  
**A-LUGO & LUGO ELECTRICAL CONTRACTOR, INC.**

Principal Place of Business 14378 SW 139 CT BAY #11 MIAMI FL 33186	Mailing Address 14378 SW 139 CT BAY #11 MIAMI FL 33186
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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 **59-2987240**      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

**LUGO, BERNARD O**  
**13360 SW 49 ST**  
**MIAMI FL 33175**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GARNETT, RAYMOND W</b> <b>14378 SW 139 CT.</b> <b>MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LUGO, BERNARD</b> <b>13360 SW 49 ST.</b> <b>MIAMI FL 33175</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LUGO, ARIEL</b> <b>14378 SW 139 CT.</b> <b>MIAMI FL 33186</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LUGO, JACQUELINE C</b> <b>13360 SW 49 STREET</b> <b>MIAMI FL 33175</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Garnett, Raymond W</b> <b>14378 SW 139 ct.</b> <b>Miami, FL 33186</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer (T)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lugo, Bernard</b> <b>13360 SW 49 st</b> <b>Miami, FL 33175</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President (P)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Julio Finalet</b> <b>14378 SW 139 ct</b> <b>Miami, FL 33186</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary (S)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rolando Briceno</b> <b>14378 SW 139 ct</b> <b>Miami, FL 33186</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President (V)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VOID</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VOID</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-001 305-233-2533  
 Date Daytime Phone #

CR2E034 (10/00)