

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90639 012 ***150.00

0295611 AV

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
734 NW 38 PL
 Suite, Apt. #, etc.
 City & State
 Zip Country
Cape Coral Florida
33993 USA

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

LUGO, BERNARD O
13360 SW 49 ST
MIAMI FL 33175

7. Name and Address of New Registered Agent

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

3-21-02

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 \$130.00
After May 1, 2002 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

TITLE	T	<input type="checkbox"/> Delete
NAME	GARNETT, RAYMOND W	
STREET ADDRESS	14378 SW 139 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	P	<input type="checkbox"/> Delete
NAME	LUGO, BERNARD	
STREET ADDRESS	13360 SW 49 ST.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FINALET, JULIO	
STREET ADDRESS	14378 SW 137 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRIENO, ROLANDO	
STREET ADDRESS	14378 SW 139 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **RE REQUIRED**

3-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)