

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15607

1. Entity Name  
**BORGES ELECTRICAL CONTRACTORS, INC.**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90420 027 \*\*\*150.00

Principal Place of Business      Mailing Address  
301 SW 63RD. ST.      301 SW 63RD. ST.  
MIAMI FL 33144      MIAMI FL 33141-4502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*301 SW 63rd Court*      *301 SW 63rd Court*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Miami FL*      *Miami FL*

4. FEI Number      Applied For  
**59-2541772**       Not Applicable

Zip      Country      Zip      Country  
*33144*      *USA*      *33144*      *USA*

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BORGES, ROLANDO J**  
301 SW 63RD ST.  
MIAMI FL 33144

7. Name and Address of New Registered Agent  
Name **BORGES, ROLANDO J.**  
Street Address (P.O. Box Number is Not Acceptable)  
*301 SW 63rd Court*  
City *Miami*      State **FL**      Zip Code *33144*

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 *Rolando Borges*      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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGES, ROLANDO 301 S.W. 63RD COURT MIAMI FL 33144 <input 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rolando Borges*      Date *3-11-2000*      Daytime Phone # *305-266-8031*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)