

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT #

1. Entity Name:

B.R. ELECTRICAL SERVICE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12045 SW 188 Terrace

Suite, Apt. #, etc.

3. Mailing Address

12045 SW 188 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33177

Country

USA

Zip

33177

Country

USA

4. FEI Number

59-2800263

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒ **xx**

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Boris Borges

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

12045 SW 188 Terrace

City

Miami,

FL

Zip Code

33177

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]

(NOTE: Registered Agent signature required when mandating)

DATE

7/9/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
Boris Borges, President
12045 SW 188 Terrace
Miami, Florida 33177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4000006448114-28
-07/16/02-01041-014
*******70.00 *****70.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Olga Borges, STD
12045 SW 188 Terrace
Miami, Florida 33177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mario L. Stecco, Vice President
12045 SW 188 Terrace
Miami, Florida 33177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 907, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

7/9/02

305-238-9909

js 7/12/02

CR2E034B (12/01)