FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90223 049 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099439

1. Entity Name
Manuel Bacelo Electrical Contractor, Inc.

70009926

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3120 West 84 Street	15476 Northwest 77th Court
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. # 330
City & State Hialeah, Florida	City & State Miami Lakes, Florida
Zip 33018 / Country Miami-Dade	Zip 33016 / Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1146197 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Manuel Bacelo
Street Address (P.O. Box Number is Not Acceptable)
170 Southwest 75th Avenue
City Miami 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ President/Owner 01/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - Manuel Bacelo 170 Southwest 75th Avenue Miami, Florida 33144
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ President/Owner 01/07/03 (305)828-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #