

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-07-2003 90112 046 ***150.00

2/

DOCUMENT # P02000078142

1. Entity Name
ARNOLD J. ELECTRIC, INC.



Principal Place of Business
**4604 SW 159 AVE
MIAMI FL 33185**

Mailing Address
**4604 SW 159 AVE
MIAMI FL 33185**



2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0487241

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DELGADO, ARNALDO JR
4604 SW 159 AVE
MIAMI FL 33185**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 ☒ **DELGADO, ARNALDO JR.** ☐ Delete
NAME **Pres**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☒ **Vice President** ☐ Delete
NAME **ARNALDO J. DELGADO**
STREET ADDRESS **8658 SW 159 AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☒ **Secretary** ☐ Delete
NAME **Lisbeth Escoto**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ **Secretary** ☐ Delete
NAME **Lisbeth Escoto**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ **Secretary** ☐ Delete
NAME **Lisbeth Escoto**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ **Secretary** ☐ Delete
NAME **Lisbeth Escoto**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI FL 33185**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **PRESIDENT** ☐ Change ☐ Addition
NAME **ARNALDO DELGADO JR.**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE ☐ **PRESIDENT** ☐ Change ☐ Addition
NAME **ARNALDO DELGADO JR.**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE ☐ **PRESIDENT** ☐ Change ☐ Addition
NAME **ARNALDO DELGADO JR.**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE ☐ **PRESIDENT** ☐ Change ☐ Addition
NAME **ARNALDO DELGADO JR.**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE ☐ **PRESIDENT** ☐ Change ☐ Addition
NAME **ARNALDO DELGADO JR.**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE ☐ **PRESIDENT** ☐ Change ☐ Addition
NAME **ARNALDO DELGADO JR.**
STREET ADDRESS **4604 SW 159 AVE**
CITY-ST-ZIP **MIAMI, FL 33185**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Signature, typed or printed name of signing officer or director

2/4/03 **(986) 251-2905**
Date Daytime Phone

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/7/2003-90112-046-\$150.00-\$150.00

DOCUMENT # P02000078142	
1. Entity Name ARNOLD J. ELECTRIC, INC.	

Principal Place of Business 4604 SW 159 AVE MIAMI FL 33185	Mailing Address 4604 SW 159 AVE MIAMI FL 33185
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2. Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 03-0487241	Applied For Not Applicable
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent DELGADO, ARNALDO JR 4604 SW 159 AVE MIAMI FL 33185	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (NOTE: Registered Agent signature required when re-stating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 3, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☒ TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PRESIDENT Arnaldo Delgado Jr. 4604 SW 159 AVE Miami, FL 33185	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
☒ TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Vice President Arnaldo J. Delgado 8658 SW 159 Court Miami, FL 33193	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
☐ TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Secretary Lisbeth Acosta 4604 SW 159 Ave, Miami, FL 33185	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
☐ TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
☐ TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
☐ TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 (886)251-2905
Date Daytime Phone

CR2E034 (10/02)