

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

5/5

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91422 014 \*\*\*150.00

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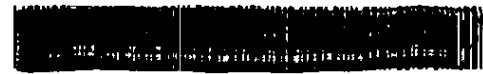
1. Entity Name  
**ATI ELEC. REPAIRS, CORP.**



Principal Place of Business  
**1111 SWAN AVENUE  
MIAMI SPRINGS FL 33166**

Mailing Address  
**1041 S.W. 73RD PLACE  
MIAMI FL 33144**

**55050012**



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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **43-1985248** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**FORNES, YURI  
1041 S.W. 73RD PLACE  
MIAMI FL 33144**

7. Name and Address of New Registered Agent  
Name **LUIS C. AGUIAR**  
Street Address (P.O. Box Number is Not Acceptable)  
**1111 SWAN AVE**  
City **MIAMI SPRINGS FL** Zip Code **33166**

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  DATE **4/29/03**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AGUIAR, LUIS C 1111 SWAN AVENUE MIAMI SPRINGS FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP AGUIAR, LUIS C 1111 SWAN AVENUE MIAMI SPRINGS FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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, without being so empowered.

SIGNATURE:  DATE **4/24/03** DAYTIME PHONE # **786 514-3873**

Signature, typed or printed name of signing officer or director

CR2E034 (10/02)