

# 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

**DOCUMENT # P02000125005**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

**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 P  
NAME AGUIAR, LUIS C  
STREET ADDRESS 1111 SWAN AVENUE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE VP  
NAME AGUIAR, LUIS C  
STREET ADDRESS 1111 SWAN AVENUE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE  
NAME AGUIAR, LUIS C  
STREET ADDRESS 1111 SWAN AVENUE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE S  
NAME AGUIAR, LUIS C  
STREET ADDRESS 1111 SWAN AVENUE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, without being so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03/7267514-3873

Date

Daytime Phone #

CR2E034 (10/02)