

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

DOCUMENT # **PO3000114746**

1. Entity Name

A-YAN Electrical Services, Inc.

FILE

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DO NOT WRITE IN THIS SPACE

SECRETARY
ALLAHASSEE, FLORIDA

2. Principal Place of Business

7058 SW 22ND ST
Suite, Apt. #, etc.

3. Mailing Address

7058 SW 22ND ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

56-2408132

Applied For

Not Applicable

Zip

33155

Country

U.S.A

Zip

33155

Country

Dade

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

7. Name and Address of Current Registered Agent

Name

Jorge G. Garcia

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

7058 SW 22ND ST

City

Miami

FL

Zip Code

33155

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IN THIS SPACE**

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

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

01/30/04
DATE

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
**President
Jorge G. Garcia
7058 SW 22ND ST
Miami FL 33155**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**600029946426
03/05/04--01028--009 **158.75**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vicepresident
Yanelys M. Chaviano
7058 SW 22ND ST
Miami FL 33155**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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)(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 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

01/30/04

(305) 389-2800

Daytime Phone #