

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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90030 032 ***150.00

DOCUMENT # 1

1. Entity Name **H. & B. ELECTRICAL INC.**
9092 N. W. SOUTH RIVER DRIVE BAHIA #55
MEDLEY FLORIDA 33166

DO NOT WRITE IN THIS SPACE

94058069

2. Principal Place of Business 3. Mailing Address

9092 NW S. RIVER DR. Bk. 55

Suite, Apt. #, etc.
55

Suite, Apt. #, etc.

City & State

MEDLEY

City & State

FL.

Zip
33166

Country

Zip

Country

4. FEI Number **55-0854637**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BILL ZELAYA**

Street Address (P.O. Box Number is Not Acceptable)
19800 S. W. 180 Ave.

City **MIAMI FL.**

FL

Zip Code

33187

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-14-2004

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	BILL ZELAYA (President) 19800 S. W. 180 Ave. MIAMI FL. 33187	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HENRY ZELAYA (SECRETARY) 19800 S. W. 180 Ave. MIAMI FL. 33187	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

02-14-2004 786-426 -5112

Date

Daytime Phone #

CR2E034B (12/01)