## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000050235** May 17, 2000 8:00 am Secretary of State ABLE ELECTRIC OF SOUTH FLORIDA, INC. 05-17-2000 90980 028 \*\*\*150.00 Mailing Address Principal Place of Business 8740 SW 12TH ST. 8740 SW 12TH ST. APT. 205 APT. 205 MIAMI FL 33144-4023 **MIAMI FL 33174** 3. Mailing Address 2. Principal Place of Business RS Court Court 300 SW 85 1300 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0502962 EL FL Miami Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33144-402 *33144 - 402*3 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANTIESTEBAN, MARIANO Street Address (P.O. Box Number is Not Acceptable) 1300 SW 85 COURT 8740 SW 12TH ST. APT. 205 **MIAMI FL 33155** Miami 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X) Change ☐ Addition ☐ Delete TITLE TITLE SANTIESTEBAN, MARIANO NAME NAME 1300 SW 85 COURT 8740 S.W. 12TH ST. APT. 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1102 CITY-ST-ZIP **MIAMI FL 33174** ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

of the corporation or the receiver or trustee empowered to execute this rechanged, or on an attachment with an address, with all other like empore SIGNATURE: \_