

**01/02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000050335**

1. Entity Name

Able Electric of South Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7005 N. Waterway Dr
Suite, Apt. #, etc.
#304**

3. Mailing Address

**2010 S.W. 83 CT
State, Apt. #, etc.**

City & State

Miami, Florida

Zip **33155** Country **U.S.A.**

City & State

Miami, FL

Zip **33155** Country **U.S.A.**

4. FEI Number

65-0502962

Applied For

No. Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Abel Ramirez**

Street Address (P.O. Box Number is Not Acceptable)
2010 S.W. 83 CT

City **Miami**

FL

Zip Code **33155**

**DO NOT WRITE
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



Abel Ramirez

1/30/02

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	P/D
NAME	Abel Ramirez
STREET ADDRESS	2010 S.W. 83 CT
CITY-ST-ZIP	Miami, FL 33155
TITLE	V-P
NAME	Luis Ayala
STREET ADDRESS	5191 N.W. 5 ST
CITY-ST-ZIP	Miami, FL 33126
TITLE	S/T
NAME	Rogel Ramirez
STREET ADDRESS	2010 S.W. 83 CT
CITY-ST-ZIP	Miami, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

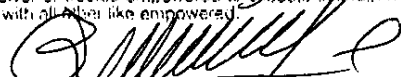
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IN THIS SPACE**

8/2/5

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:



Abel Ramirez

1/30/02 (225) 266-6602

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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