01/02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -1 PM 12:16

DOCUMENT # P94000050235

1. Entity Name

Able Electric of South Florida, Inc.

DO NOT WRITE IN THIS SPACE

100004882821--3
-02/06/02--01031--026
****308.75 ****308.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7005 N. Waterway Dr #304	2010 S.W. 83 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, FL.
Zip: 33155 Country: U.S.A.	Zip: 33155 Country: U.S.A.

4. FEI Number: 65-0502962 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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 (NOTE: Registered Agent's signature required when filing) DATE: 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 NAME STREET ADDRESS CITY-ST-ZIP
TITLE: V-P NAME: Luis Ayala STREET ADDRESS: 5191 N.W. 5 ST CITY-ST-ZIP: Miami, FL. 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: S/T NAME: Raquel Ramirez STREET ADDRESS: 2010 S.W. 83 CT CITY-ST-ZIP: Miami, FL. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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$61.25

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Abel Ramirez 1/30/02 (305) 266-6602