

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90108 043 \*\*\*150.00

**DOCUMENT # P94000075151**

**1. Entity Name**  
**ELECTRICAL SALES CORPORATION**

**Principal Place of Business**

**PO BOX 971337**  
**MIAMI FL 33197**  
**US**

**Mailing Address**

**15229 SW 170 TERR**  
**MIAMI FL 33187**  
**US**

**2. Principal Place of Business**

**14266 SW 101 ST**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**14266 SW 101 ST.**  
 Suite, Apt. #, etc.

**City & State**  
**MIAMI FL**

**City & State**  
**MIAMI FL**

**4. FEI Number** **65-0525874**

**Applied For**  
**Not Applicable**

**Zip** **33186** **Country** **USA**

**Zip** **33186** **Country** **USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAWLEY, C K II**  
**15229 SW 170 TERR**  
**MIAMI FL 33187**

**Name**

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

**City**

**FL**

**Zip Code**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **ST HERNANDEZ, LUIS R**  
**STREET ADDRESS** **8013 NW 66TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33166**

**TITLE** ☒ Change ☐ Addition  
**NAME** **PRESIDENT / DIRECTOR HERNANDEZ, LUIS R**  
**STREET ADDRESS** **14266 SW 101 ST**  
**CITY-ST-ZIP** **MIAMI FL 33186**

**TITLE** ☐ Delete  
**NAME** **PD HAWLEY, C K**  
**STREET ADDRESS** **8013 NW 66TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33166**

**TITLE** ☒ Change ☐ Addition  
**NAME** **SECRETARY / SECRETARY CK HAWLEY II**  
**STREET ADDRESS** **14266 SW 101 ST**  
**CITY-ST-ZIP** **MIAMI FL 33186**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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 reports 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 changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. K. Hawley II**  
**PRESIDENT**

Date

Daytime Phone #

**2/21/02 305-593-2510**

CR2E034 (9/01)