

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **0970000 6844D**

1. Entity Name

**CARLOS ELECTRIC, INC.**

Principal Place of Business

**5050 NW 7<sup>TH</sup> STREET  
UNIT 518  
MIAMI FL 33126**

Mailing Address

**5050 NW 7<sup>TH</sup> ST  
UNIT 518  
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0773661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARLOS HERNANDEZ  
5050 NW 7<sup>TH</sup> ST  
UNIT 518  
MIAMI FL 33126**

7. Name and Address of New Registered Agent

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, 2000 Fee will be \$550.00**

**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 **PRESIDENT/SECY/DIR.** ☐ Delete  
NAME **CARLOS HERNANDEZ**  
STREET ADDRESS **5050 NW 7<sup>TH</sup> ST. #518**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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

Date

Daytime Phone #

CR2E034 (9/99)

P97-68440 PG. 2  
CPE

**MIGUEL E. TURBAY**

*Certified Public Accountant*

608 N.W. 57 Avenue  
Miami, Florida 33126  
(305) 262-4053

November 24, 2000

To whom it may concern

Re: Carlos Electric, Inc  
Reinstatement Request

Due to a credit inquire my client was notified that the corporation has been involuntarily dissolved. After researching we determined that the annual report for the year 2000 had not been filed or paid.

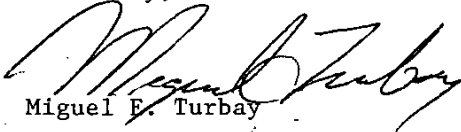
We have concluded that the original report was never received by the company. This was due to the fact that their location and mailing address had changed.

They respectfully request that you consider their appeal to reinstate the corporation and abate the late filing fee due to reasonable cause.

We are attaching a completed annual report for the year 2000 together with the filing fee of \$150.

If you require any further information feel free to contact me.

Sincerely,

  
Miguel E. Turbay

MEt/at  
Attach.