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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am DOCUMENT # P97000072705 Secretary of State 1. Entity Name 01-14-2002 90020 027 ***150 00 AGC ELECTRIC, INC. Principal Place of Business Mailing Address 2660 W 79 STREET 2660 W 79 STREET HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0806153 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Tomas V. Curkelo CURBELO, TOMAS V Street Address (P.O. Box Number is Not Acceptable) 7450 W 18 AVE 801 SW 172 Terra HIALEAH FL 33014 Pembroke Pines 8. The above named entity commits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requisement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition **CURBELO, TOMAS** NAME NAME STREET ADDRESS 7450 W 18 AVE STREET ADDRESS CiTY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME GUZMAN, ENRIQUE I NAME STREET ADDRESS 14780 SW 98TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 TITLE ☐ Delete TITLE Change Addition NAME DE LA SIERRA, PIERRETTE NAME STREET ADDRESS 2635 W. 81 STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **GUZMAN, HENRY** NAME STREET ADDRESS 14780 SW 98TH AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

CHATURE ON TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01/07/02

(305 | 823 2280

Daytime Phone #