

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027129

1. Entity Name

ALBERT ELECTRICAL OF SOUTH FLORIDA CORP.

Principal Place of Business

Mailing Address

~~5750 NW 192ND ST.~~
~~MIAMI FL 33015~~

~~5750 NW 192ND ST.~~
~~MIAMI FL 33015~~

2. Principal Place of Business

3. Mailing Address

2640 W. 79 St

1800 W. 49 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#121

City & State

City & State

Hialeah, FL

Hialeah, FL

Zip

Country

Zip

Country

33016

USA

33012

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURIAS, ALBERTO

~~5750 NW 192ND ST.~~

~~MIAMI FL 33015~~

Name

Street Address (P.O. Box Number, if applicable)

2640 W. 79 St.

City

Hialeah,

FL

Zip Code

33016

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MURIAS, ALBERTO
STREET ADDRESS 5750 NW 192ND ST.
CITY-ST-ZIP MIAMI FL 33015

TITLE
NAME
STREET ADDRESS 2640 W. 79 St
CITY-ST-ZIP Hialeah, FL 33016

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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: *Alberto Muriar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 305-824-5556
Date Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90267 047 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)