

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90223 016 \*\*\*158.75

**DOCUMENT # P99000048590**

1. Entity Name  
**ABCO ELECTRIC, INC.**

Principal Place of Business  
**2150 N.W. 19TH AVENUE**  
**MIAMI FL 33142**

Mailing Address  
**2150 N.W. 19TH AVENUE**  
**MIAMI FL 33142**

2. Principal Place of Business  
**2150 N.W. 19 AVE.**

3. Mailing Address  
**2150 N.W. 19 AVE.**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

Zip  
**33142-7448**

Country  
**US**

Zip  
**33142-7448**

Country  
**US**

4. FEI Number **65-0922631**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAGDADI, REBECA**  
**2480 N.E. 202ND STREET**  
**NORTH MIAMI BEACH FL 33180**

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 *Alberto Bagdadi* **Alberto Bagdadi** **2-07-01**  
 Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when (re)instating) 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

TITLE **PD** ☐ Delete  
 NAME **BAGDADI, REBECA**  
 STREET ADDRESS **2480 N.E. 202ND STREET**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE **STD** ☐ Delete  
 NAME **BAGDADI, ALBERTO**  
 STREET ADDRESS **2480 N.E. 202ND STREET**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **ALBERTO BAGDADI**  
 STREET ADDRESS **2480 N.E. 202 STREET**  
 CITY-ST-ZIP **N. MIAMI BEACH, FL. 33180**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **REBECA BAGDADI**  
 STREET ADDRESS **2480 N.E. 202 STREET**  
 CITY-ST-ZIP **N. MIAMI BEACH, FL. 33180**

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

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

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: *Rebeca Bagdadi* **Rebeca Bagdadi** **2-07-01** **305-326-6757**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)