

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90137 032 ***150.00

DOCUMENT # P99000096365

1. Entity Name
A.M. ELECTRICAL SERVICES, INC.



Principal Place of Business
**841 EAST 13 STREET
HIALEAH FL 33010**

Mailing Address
**841 EAST 13 STREET
HIALEAH FL 33010**

60013260



2. Principal Place of Business
7337 NW 32 AVE

3. Mailing Address
7337 NW 32 AVE

Suite, Apt. #, etc.
MIAMI FL 33147

Suite, Apt. #, etc.
MIAMI FL 33147

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0959356**

Applied For
Not Applicable

Zip
33147

Country
DADE

Zip
33147

Country
DADE

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

6. Name and Address of Current Registered Agent

**MADRIGAL, ALEX
841 EAST 13 STREET
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name **Alex MADRIGAL**

Street Address (P.O. Box Number is Not Acceptable)
**7337 NW 32 AVE
MIAMI**

City **FL** Zip Code **33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MADRIGAL, ALEX 841 EAST 13 STREET HIALEAH FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALEX MADRIGAL 7337 NW 32 AVE MIAMI FL 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ROMUALDO MADRIGAL 7337 NW 32 AVE MIAMI FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

2-7-03 (305) 885 6880
Date Daytime Phone #

CR2E034 (10/02)