

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0140768 AV

DOCUMENT # P99000100755

1. Entity Name
ELECSERVICES, INC.

04-10-2002 90033 026 ***150.00

Principal Place of Business

Mailing Address

18520 NW 67TH AVE
 # 247
 MIAMI FL 33015-3302

18520 NW 67TH AVE
 # 247
 MIAMI FL 33015-3302

2. Principal Place of Business

14505 COMMERCE WAY

3. Mailing Address

Suite, Apt. #, etc.

530

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

City & State

Zip

33016

Country

USA

Zip

Country

4. FEI Number

65-0963465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONZON, LEONARDO
14505 COMMERCE WAY
MIAMI LAKES FL 33015

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **MONZON, LEONARDO**
 CITY-ST-ZIP **7535 W. 14 COURT**
HIALEAH FL 33014

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 ☒ Change ☐ Addition
 NAME **Director/Officer C.E.O**
 STREET ADDRESS **MONZON, LEONARDO**
 CITY-ST-ZIP **7535 W. 14 COURT**
HIALEAH, FL 33014

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR/Officer P**
 STREET ADDRESS **ROBERT BLANCO**
 CITY-ST-ZIP **6620 W 2nd CT # 203**
HIALEAH, FL 33012

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR/Officer VP**
 STREET ADDRESS **CARLOS RIVAS**
 CITY-ST-ZIP **10485 NW 3 ST.**
PEMBROKE PINES, FL 33026

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-02 (305) 828.3314

CR2E034 (9/01)