2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$86820 Jun 27, 2000 8:00 am Secretary of State A.B. ELECTRICAL OF MIAMI CORP. 05-09-2000 90113 042 ***150.00 Principal Place of Business Mailing Address 1971 NW 347H AVE 1971 NW 34TH AVE MIAMI FL 33125-1058 MIAMI FL 33125 HS 3. Mailing Address 2. Principal Place of Business 1971 NW 34th AVE 62me Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0288288 Not Applicable MIAMI \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 33/74/018 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCISCO, HUMBERTO Street Address (P.O. Box Number is Not Acceptable) --- 1971-NW-34TH-AVE --**MIAMI FL 33125** 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. Mancusco (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE NAME FRANCISCO, HUMBERTO NAME 1971NW 34th AVE STREET AUDRESS STREET ADDRESS 1971 NW 34TH AVE FLINE FRANCISCO Change CITY-ST-ZIF CITY-ST-ZIP MIAMI EL **Addition** TITLE . TITLE VΡ ☐ Delete NAME 1971 NW 34th AVE. NAME FRANCISCO, MILAGROS S STREET ADDRESS STREET ADDRESS 1971 NW 34TH AVE CITY-ST-ZIE CITY-ST-ZIF MIAMI FL Addition. ☐ Change ากกัด ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ___ Addition. TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality 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 il 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.