

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91179 003 \*\*\*150.00

**DOCUMENT # S86820**

1. Entity Name  
**A.B. ELECTRICAL OF MIAMI CORP.**

Principal Place of Business

**1971 NW 34TH AVE  
 MIAMI FL 33125  
 US**

Mailing Address

**1971 NW 34TH AVE  
 MIAMI FL 33125  
 US**

**80108948**



2. Principal Place of Business

**6890 N. WATERWAY DR.  
 Suite, Apt. #, etc.  
 MIAMI, FL 33155  
 City & State**

3. Mailing Address

**6890 N. WATERWAY DR.  
 Suite, Apt. #, etc.  
 MIAMI, FL 33155  
 City & State**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0288288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FRANCISCO, HUMBERTO  
 1971 NW 34TH AVE 6890 N. WATERWAY DR.  
 MIAMI FL 33125 MIAMI, FL 33155**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/25/2002**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCISCO, HUMBERTO</b>	
STREET ADDRESS	<b>1971 NW 34TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCISCO, MILAGROS S</b>	
STREET ADDRESS	<b>1971 NW 34TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMBERTO FRANCISCO</b>	
STREET ADDRESS	<b>6890 N. WATERWAY DR.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCISCO, MILAGROS S.</b>	
STREET ADDRESS	<b>6890 N. WATERWAY DR.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Humberto Francisco**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(705)**

**04/25/2002**

CR2E034 (9/01)