

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90849 043 \*\*\*150.00

**DOCUMENT # V44352**

1. Entity Name  
**ATLANTIC ELECTRIC CORP.**



Principal Place of Business  
**2450 WEST 80 STREET  
BAY-3  
HIALEAH FL 33016**

Mailing Address  
**2450 WEST 80 STREET  
BAY-3  
HIALEAH FL 33016**



2. Principal Place of Business  
**8055 W. 23 AVE  
Suite, Apt. #, etc. B-1**

3. Mailing Address  
**8055 W. 23 AVE  
Suite, Apt. #, etc. B-1**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**HIALEAH**

City & State  
**HIALEAH**

Zip  
**FL 33016**

Zip  
**FL 33016**

4. FEI Number **65-0419908**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONZALEZ, RENE JR  
17821 N.W. 82 AVENUE  
MIAMI FL 33015**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**8055 W. 23 AVE # B-1**  
City  
**HIALEAH FL** Zip Code  
**33016**

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 \_\_\_\_\_ (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	PST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, RENE, JR		NAME		
STREET ADDRESS	17821 N.W. 82ND AVE.		STREET ADDRESS	<b>8055 W. 23 AVE # B-1</b>	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, RENE, JR		NAME		
STREET ADDRESS	17821 N.W. 82ND AVE.		STREET ADDRESS	<b>8055 W. 23 AVE B-1</b>	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOLINA, ABRAHAM		NAME		
STREET ADDRESS	17821 N.W. 82ND AVE.		STREET ADDRESS	<b>8055 W 23 AVE B-1</b>	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACHADO, JUAN		NAME		
STREET ADDRESS	17821 N.W. 82ND AVE.		STREET ADDRESS	<b>8055 W 23 AVE B-1</b>	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **RENE GONZALEZ, Pres** 2/17/03 305-828-1952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)