

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

09-04-2002 90094 040 \*\*\*61.25  
FILE # 147623

02 SEP 10 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

978210

DOCUMENT # L47623  
1. Entity Name  
A - Lugo & Lugo Electrical Contractor, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>14378 SW 139 Ct</u> Suite, Apt. #, etc. <u>Bay 11</u> City & State <u>Miami Florida</u> Zip <u>33186</u> Country <u>USA</u>		3. Mailing Address <u>734 NW 38 PL</u> Suite, Apt. #, etc. <u>Cape Coral, FL</u> City & State <u>Cape Coral Florida</u> Zip <u>33993</u> Country <u>USA</u>	
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DO NOT WRITE IN THIS SPACE

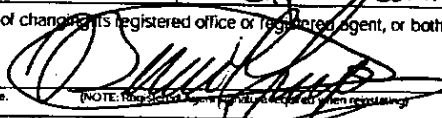
4. FEI Number <u>59-2987240</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Bernie Lugo</u>
Street Address (P.O. Box Number is Not Acceptable) <u>734 NW 38 PL</u>
City <u>Cape Coral</u> FL Zip Code <u>33993</u>

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 Bernie Lugo  DATE 8-24-02

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered agent must be a natural person residing in Florida.)

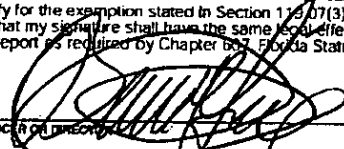
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$750.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Bernie Lugo</u> <u>President</u> <u>734 NW 38 PL</u> <u>Cape Coral, FL 33993</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Raymond W Garnett</u> <u>Treasurer</u> <u>14378 SW 139 Ct</u> <u>Miami, FL 33186</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sackie C Lugo</u> <u>Vice President / Secretary</u> <u>734 NW 38 PL</u> <u>Cape Coral, FL 33993</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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 689, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernie Lugo  DATE 8-24-02 305-233-2533

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)