2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90039 035 ****61.25

DOCUMENT # 719394

1. Entity Name

ENGINEERING CONTRACTORS ASSOCIATION OF SOUTH FLO RIDA, INC.

Principal Place of Business	Mailing Address
~~9616 NW 7 CIRCLE~~ ~~#16-28~~ PLANTATION FL 33324 US	P O BOX 16597 PLANTATION FL 33318 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 NW 97 Ave	
Suite, Apt. #, etc. Plantation	Suite, Apt. #, etc.
City & State FL.	City & State
Zip 33324- Country USA	Zip Country

4. FEI Number 59-0709610 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TONELLI, GAIL ~~9616 NW 7 CIRCLE~~ 500 NW 97 Ave. ~~#16-28~~ PLANTATION FL 33324	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	~~PD~~ Immed. Past Pres.	☐ Delete	TITLE	Pres. ☑ Change ☐ Addition
NAME	SWELLENTROP, PAUL		NAME	Joe Burke
STREET ADDRESS	5380 SW 208 CN		STREET ADDRESS	786 S. Military Trail
CITY-ST-ZIP	FORT LAUDERDALE FL 33332		CITY-ST-ZIP	Deerfield Bch. FL. 33442
TITLE	~~VP~~ Director	☐ Delete	TITLE	V.P. ☐ Change ☑ Addition
NAME	TUPLER, GLEN		NAME	Ignacio Hurley
STREET ADDRESS	6590 SW 47 CR		STREET ADDRESS	14005 NW 186 St.
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP	Hialeah FL 33018
TITLE	~~ST~~	☑ Delete	TITLE	ST ☑ Change ☐ Addition
NAME	KIPP, RICHARD JR		NAME	Robert Parks III
STREET ADDRESS	11320 NW 138 ST		STREET ADDRESS	3501 W Hallandale Bch Blvd.
CITY-ST-ZIP	MIAMI FL 33178		CITY-ST-ZIP	Pembroke Park FL 33023
TITLE	D	☐ Delete	TITLE	A.J. DeMoya Director ☐ Change ☐ Addition
NAME	BURKE, JOE	see change	NAME	
STREET ADDRESS	786 S MILITARY TRAIL		STREET ADDRESS	12209 S Dixie Hwy
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	Miami FL 33176
TITLE	D	☐ Delete	TITLE	Director ☑ Change ☐ Addition
NAME	PARKS, ROBERT	see change	NAME	
STREET ADDRESS	3201 W HALLANDALE BEACH BLVD		STREET ADDRESS	Frank Prieto
CITY-ST-ZIP	PEMBROKE PARK FL 33023		CITY-ST-ZIP	13292 NW 11P Ave Mia FL 33178
TITLE	VP	☑ Delete	TITLE	Director ☐ Change ☐ Addition
NAME	LOPEZ, ALBERT		NAME	
STREET ADDRESS	4850 NW 72 AVENUE		STREET ADDRESS	Mary Myrick
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	7600 NW 6 Ave. Mia. FL. 33166

CR2E037 (9/01)

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 617, 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: SIGNATURE REQUIRED 2-14-02 954-236-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #