

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90218 039 ***158.75

DOCUMENT # G72454

1. Entity Name
GEOSYNTEC CONSULTANTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE PARK PLACE 621 N.W. 53RD STREET STE 650 BOCA RATON FL 33487 US	Mailing Address ONE PARK PLACE 621 N.W. 53RD STREET STE 650 BOCA RATON FL 33487-8284 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2355134** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PEEL, THOMAS A
 621 N.W. 53RD STREET
 SUITE 650
 BOCA RATON FL 33487**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	SANGLERAT, THIERRY	
STREET ADDRESS	339 CANAL ST.	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAVAZANJIAN, EDWARD	
STREET ADDRESS	2100 MAIN STREET, #150	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92648	
TITLE	C	<input type="checkbox"/> Delete
NAME	LUCIA, PATRICK	
STREET ADDRESS	351 LA CASA VIA	
CITY-ST-ZIP	WALNUT CREEK FC 94598	
TITLE	P	<input type="checkbox"/> Delete
NAME	BONAPARTE, RUDOLPH	
STREET ADDRESS	3814 ASHFORD KNOLL	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BEECH, JOHN F	
STREET ADDRESS	3975 CHESSON CT	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jon S. Dickinson	
STREET ADDRESS	621 Nw 53 St, # 650	
CITY-ST-ZIP	Boca Raton, FL 33487	

TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input checked="" 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: *[Signature]* **Jon S. Dickinson** Date: **4/12/00** Daytime Phone: **561 995-0900**

CR2E034 (9/99)