2000 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # J41454** CHEN AND ASSOCIATES CONSULTING ENGINEERS, INC. 01-18-2000 90091 037 ***158.75 Principal Place of Business Mailing Address 5200 NW 33RD AVENUE 5200 NW 33RD AVENUE C0004564 SUITE 218 SUITE 218 FORT LAUDERDALE FL 33309-6398 FORT LAUDERDALE FL 33309-6398 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2739866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -CHEN, BEN H. Street Address (P.O. Box Number is Not Acceptable) 5200 NW 33RD AVENUE **SUITE 218** FORT LAUDERDALE FL 33309 Zip Code City 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 1-7-2000 Ben H. Chen, President Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99 ☐ Delete TITLE TITLE CHEN. BEN HSUEH HAI NAME NAME STREET ADDRESS STREET ADDRESS 1854 NW 97TH AVENUE CITY-ST-ZIP *3*3322 CITY-ST-ZIP PLANTATION FL ☐ Change **Addition** TITLE ☐ Delete TITLE Thompson, James F. NAME NAME 4908 Pennsbury Dr. Tampa, FL 33624 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB 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.

BenH. Chen, President

SIGNATURE:

FILED