2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2001 8:00 am Secretary of State **DOCUMENT # J41454** 1. Entity Name CHEN AND ASSOCIATES CONSULTING ENGINEERS, INC. 01-20-2001 90001 026 ***158.75 Principal Place of Business Mailing Address 5200 NW 33RD AVENUE 5200 NW 33RD AVENUE SUITE 218 SUITE 218 003539 FORT LAUDERDALE FL 33309-6396 FORT LAUDERDALE FL 33309-6398 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 211 Suite ZII City & State City & State Applied For 4. FEI Number 59-2739866 Not Applicable 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 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE CR2E034 (10/00) ☐ Addition Change NAME CHEN. BEN HSUEH HAI NAME 1854 NW 97TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change ☐ Addition THOMPSON, JAMES F NAME NAME 6700 NW 25th Way Ft. Landerdale, FL 33309 4908 PENNSBURY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Chen Ben H. Chen
TED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition