## May 14, 2002 8:00 am § Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J41454 1. Entity Name 05-14-2002 90047 050 \*\*\*158 75 CHEN AND ASSOCIATES CONSULTING ENGINEERS, INC. DEPARTA. Principal Place of Business Mailing Address 5200 NW 33RD AVENUE 5200 NW 33RD AVENUE STABBOOK 12 SUITE 211 SUITE 211 FORT LAUDERDALE FL 33309-6398 FORT LAUDERDALE FL 33309-6398 2. Principal Place of Business 3. Mailing Address 3 cm A an 5100 NW 33RPAJENJE 5100 NW 33 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 250 S117E 250 City & State City & State 4. FEI Number Applied For 59-2739866 FORT LAJOERDALE Not Applicable FORT LAJDERDA FLORIDA LORIDA Zip \$8.75 Additional 5. Certificate of Status Desired 33<u>გა</u> 9 JS A Fee Required AZU 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEN H. .CHEN, .BEN.H. 5-Box Number ig Not Acceptable) W 33 H AVENUE, SUITE 250 5200 NW 33RD AVENUE **SUITE 218** FORT LAUDERDALE FL 33309 FORT LAJER DALE Zip Code <u> 33369</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 Signature, typ (NOTE: Registered Agent signature required when reinstating) DATE nt and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE **DP** ☐ Delete PETER MOORE, PETER MYHAEL CHEN, BEN HSUEH HAI NAME NAME 1854 NW 97TH AVENUE STREET ADDRESS STREET ADDRESS 7436 NW 10TH STREET **PLANTATION FL** CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33322 TITLE Delete TITLE Change ☐ Addition DS NAME THOMPSON, JAMES F NAME STREET ADDRESS STREET ADDRESS 6700 NW 25TH WAY CITY-\$T-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: