

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

402

DOCUMENT # **P0000000 34824**
1. Entity Name
American Engineering Design, Inc.

FILED

02 JUL 17 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1111 Kane Concourse
Suite, Apt. #, etc.
#610
City & State
Bay Harbor, FL
Zip
33154 Country
USA

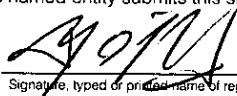
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
Name **Bernardo Coiffman**
Street Address (P.O. Box Number is Not Acceptable)
~~1111 Kane Concourse #610~~
City **Bay Harbor** FL Zip Code **33154**

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


9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE Pres. NAME STREET ADDRESS CITY-ST-ZIP	Bernardo Coiffman 1111 Kane Concourse #610 Bay Harbor, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500006531595--9 -07/19/02--01056--003 ****308.75 ****308.75
TITLE secy NAME STREET ADDRESS CITY-ST-ZIP	SARITA COIFFMAN 1111 Kane Concourse #610 Bay Harbor, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **April 29, 2002** (305) 368-5717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)