

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90035 003 ***158.75

DOCUMENT # P34793

1. Entity Name
LICHTENSTEIN CONSULTING ENGINEERS, INC.

Principal Place of Business
2700 W. CYPRESS CREEK RD
SUITE 140
FT. LAUDERDALE FL. 33309
US

Mailing Address
45 EISENHOWER DRIVE
PARAMUS NJ 07652
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
22-1831777

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

7. Name and Address of New Registered Agent

MANG, RETT & COLLETTE, P.A.
666 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	VSD	<input type="checkbox"/> Delete
NAME	PULLARO, JOSEPH J.	
STREET ADDRESS	886 IRON LATCH ROAD	
CITY-ST-ZIP	FRANKLIN LAKES NJ	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MINERVINO, CHARLES M.	
STREET ADDRESS	5 CRESTVIEW COURT	
CITY-ST-ZIP	ROSELAND NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSKOWITZ, DAVID M.	
STREET ADDRESS	245 RIVER VALE ROAD	
CITY-ST-ZIP	RIVER VALE NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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]* **1-30-02** **201-368-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/18/01 A1

CR2E034 (9/01)