

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90360 035 ***158.75

DOCUMENT # **P95 000003950**

1. Entity Name
AEP CONSULTING TRANSPORTATION ENGINEERS CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10305 NW 41 ST Suite, Apt. #, etc. # 115 City & State Miami FL Zip 33178 Country US		3. Mailing Address 10305 NW 41 ST Suite, Apt. #, etc. # 115 City & State Miami FL Zip 33178 Country US	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 650770583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Peter R Abesada Esq
Street Address (P.O. Box Number is Not Acceptable) 2903 Salzedo St
City Coral Gables FL Zip Code 33134

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 **Peter R Abesada** DATE **4/29/02**

Signature, type or printed name of registered agent, and the date, if applicable. (NOTC, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D CARLOS H Perez 10423 NW 56th Terr Miami FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Antonio G Acosta 353 SW 133 Pl. Miami FL 33184	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D CARLOS M Gil-Mera 13280 SW 39 Ter Miami FL 33175	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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)(f), 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: **Antonio Acosta** DATE **4/30/02** DAYTIME PHONE # **305 592-7283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)