

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90208 010 ***150.00

U3353UR3 AV

DOCUMENT # P95000024649

1. Entity Name
ARONBERG & ASSOCIATES CONSULTING ENGINEERS, INC.

Principal Place of Business 13730 ST. RD. 84 SUITE 305 FORT LAUDERDALE FL 33325	Mailing Address 13730 ST. RD. 84 SUITE 305 FORT LAUDERDALE FL 33325
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1304 SW 160 th Avenue	3. Mailing Address 1304 SW 160 th Avenue
--	--

Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220
----------------------------------	----------------------------------

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
-------------------------------------	-------------------------------------

Zip 33326	Country USA	Zip 33326	Country USA
--------------	----------------	--------------	----------------

4. FEI Number 65-0579515	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONBERG, RALPH
 13730 ST. RD. 84
 SUITE 305
 FORT LAUDERDALE FL 33325

7. Name and Address of New Registered Agent

Name: ~~Aronberg~~ **Ralph Aronberg**
 Street Address (P.O. Box Number is Not Acceptable)
 1304 SW 160th Avenue, Suite 220
 City: Fort Lauderdale FL Zip Code: 33326

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: **Ralph Aronberg, Director** DATE: **4/22/02**
(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 NAME STREET ADDRESS CITY-ST-ZIP	D ARONBERG, RALPH 13730 ST. RD. 84 FORT LAUDERDALE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pre. President Director Ralph Aronberg, President 1304 SW 160th Avenue, Suite 220 Ft. Lauderdale, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ralph Aronberg** Date: **4/22/02** Daytime Phone #: **(954) 236-6605**

CR2E034 (9/01)