

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90297 034 ***158.75

DOCUMENT # P98000063824

1. Entity Name

ALL FLORIDA ENGINEERING CONTRACTORS, INC.

Principal Place of Business

Mailing Address

7330 S.W. 170TH TERRACE
 MIAMI FL 33157

7330 S.W. 170TH TERRACE
 MIAMI FL 33157-4885

2. Principal Place of Business

10902 SW 188th ST

3. Mailing Address

P.O. Box 450549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Sunrise, Florida

4. FEI Number

65-0849767

Applied For

Not Applicable

Zip

Country

33157 USA

Zip

Country

33345 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPELIOS, LOUIS
 7330 S.W. 170TH TERRACE
 MIAMI FL 33157

7. Name and Address of New Registered Agent

Name: **Frederick B Gomez**
 Street Address (P.O. Box Number is Not Acceptable): **1140 Kane Concourse, 5th Floor**
 City & State: **Bay Harbor Islands 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: **Frederick B Gomez Secy/Treas** DATE: **4-28-00**
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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SPELIOS, LOUIS G	
STREET ADDRESS	7330 SW 170 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, PAUL	
STREET ADDRESS	7330 SW 170 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EVANS, RONALD	
STREET ADDRESS	7330 SW 170 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul J Guastilli	
STREET ADDRESS	6981 SW 57 th ST	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	Secy/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick B Gomez	
STREET ADDRESS	3301 NW 97 th Terrace	
CITY-ST-ZIP	Sunrise, FL 33351	
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: **Frederick B Gomez** DATE: **4-28-00** DAYTIME PHONE #: **305-232-1983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE