

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90143 017 \*\*\*150.00

**DOCUMENT # P99000104456**

1. Entity Name

**A I & A CONSULTING ENGINEERS, INC.**

Principal Place of Business

Mailing Address

9066 W. ATLANTIC BLVD., #417  
 CORAL SPRINGS FL 33701

9066 W. ATLANTIC BLVD., #417  
 CORAL SPRINGS FL 33701

2. Principal Place of Business

3. Mailing Address

9066 W. Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 417

City & State  
 Coral Springs

City & State  
 Florida

Zip

Country

Zip

Country

33701

USA

4. FEI Number

65-0968952

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYLEN, IAN J ESQ**  
 1925 BRICKELL AVE., STE. D-207  
 MIAMI FL 33129

Name **Ricardo VFRE**

Street Address (P.O. Box Number is Not Acceptable)  
 9066 W ATLANTIC Blvd #417

City **Coral Springs** **FL** Zip Code **33701**

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]*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **5/1/00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	<b>CARUSO, JAMES PETER</b>	<b>2947 RIVERSIDE DR., #128</b>	<b>CORAL SPRINGS FL 33065</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	<b>Ricardo VFRE</b>	<b>9066 W ATLANTIC Blvd # 417</b>	<b>Coral Springs FL 33065</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/1/00** DAYTIME PHONE # **(954) 255-8865**

CR2E034 (9/99)