

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90137 027 ***158.75

DOCUMENT # K80212

1. Entity Name

C.A.P. ENGINEERING CONSULTANTS, INC.

Principal Place of Business

**100 MIRACLE MILE
STE 300
CORAL GABLES FL 33134
US**

Mailing Address

**100 MIRACLE MILE
STE 300
CORAL GABLES FL 33134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0121594**

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

**PENIN, CARLOS A
1121 MIRACLE MILE
CORAL GABLES FL 33134 33146**

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 *Carlos A. Penin*
Signature, typed or printed name of registered agent and title if applicable.

Carlos A. Penin

2/28/01

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	PENIN, CARLOS A	
STREET ADDRESS	6410 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suarez, Jesus J.	
STREET ADDRESS	8790 Governor's Hill Dr., Suite 200	
CITY-ST-ZIP	Cincinnati, OH 45249	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penin, Carlos A.	(Bus. Address)
STREET ADDRESS	100 Miracle Mile, Suite 300	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernandez, Mariano	
STREET ADDRESS	100 Miracle Mile, Suite 300	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	Secretary & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kappers, Stephen A.	
STREET ADDRESS	8790 Governor's Hill Dr., Suite 200	
CITY-ST-ZIP	Cincinnati, OH 45249	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sabbagh, Nelson	
STREET ADDRESS	100 Miracle Mile, Suite 300	
CITY-ST-ZIP	Coral Gables, FL	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos A. Penin

2/28/01

(305)461-5484

Date

Daytime Phone #

CR2E034 (10/00)