

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90039 003 \*\*\*158.75

**DOCUMENT # 006518**

1. Entity Name

**BISCAYNE ENGINEERING COMPANY, INC.**

Principal Place of Business

Mailing Address

529 WEST FLAGLER STREET  
 BOX 1164  
 MIAMI FL 33130

529 WEST FLAGLER STREET  
 BOX 1164  
 MIAMI FL 33130-1300

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

**59-0165220**

Applied For

Not Applicable

5. Certificate of Status Desired  Additional Fee Required

**\$8.75**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASOLA, THOMAS**  
**457 BAHIA AVENUE**  
**KEY LARGO FL 33037**

Name

**George C. Bolton**

Street Address (P.O. Box Number is Not Acceptable)

**314 Arizona Street**

City

**Hollywood,**

**FL**

Zip Code  
**33019**

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 George C. Bolton

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

(NOTE: Registered Agent signature required when reinstating)

January 17, 2000

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CASOLA, THOMAS</del>	NAME	
STREET ADDRESS	<del>457 BAHIA AVE</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>KEY LARGO FL</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRER, BEATRIZ</b>	NAME	<b>Ferrer, Beatriz</b>
STREET ADDRESS	<b>2410 N W 102 TERRACE</b>	STREET ADDRESS	<b>20400 SW 49 Court</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33332</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLTON, GEORGE C</b>	NAME	<b>George C. Bolton</b>
STREET ADDRESS	<b>314 ARIZONA ST</b>	STREET ADDRESS	<b>314 Arizona Street</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	CITY-ST-ZIP	<b>Hollywood, FL 33019</b>
TITLE	<del>V</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BRUCE, SELVIN</del>	NAME	
STREET ADDRESS	<del>16110 SW 154 AVE</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>TSD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Mary E. Bolton</b>
STREET ADDRESS		STREET ADDRESS	<b>314 Arizona Street</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Hollywood, FL 33019</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Michael Bartholomew</b>
STREET ADDRESS		STREET ADDRESS	<b>6640 Blue Bay Circle</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 2000

Date

(305) 324-7671

Daytime Phone #

CR2E034 (9/99)