

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90027 010 ***158.75

DOCUMENT # 006518

1. Entity Name
BISCAYNE ENGINEERING COMPANY, INC.

Principal Place of Business 529 WEST FLAGLER STREET BOX 1164 MIAMI FL 33130	Mailing Address 529 WEST FLAGLER STREET BOX 1164 MIAMI FL 33130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0165220		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BOLTON, GEORGE C 314 ARIZONA STREET HOLLYWOOD FL 33019				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 _____ (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, 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	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRER, BEATRIZ			NAME			
STREET ADDRESS	20400 S.W. 49 COURT			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33332			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLTON, GEORGE C			NAME			
STREET ADDRESS	314 ARIZONA STREET			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019			CITY-ST-ZIP			
TITLE	TSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLTON, MARY E			NAME			
STREET ADDRESS	314 ARIZONA STREET			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTHOLOMEW, MICHAEL			NAME			
STREET ADDRESS	6640 BLUE BAY CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELVIN, BRUCE			NAME			
STREET ADDRESS	16110 S.W. 154 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33187			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Calabrese, Melissa		
STREET ADDRESS				STREET ADDRESS	12758 88th Lane North		
CITY-ST-ZIP				CITY-ST-ZIP	West Palm Beach, FL 33412		

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: George C. Bolton **George C. Bolton, President** Jan. 18, 2002 (305) 324-7671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)