

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90230 003 \*\*\*158.75

CR2E034 (10/02)

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0165220**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	FERRER, BEATRIZ	
STREET ADDRESS	20400 S.W. 49 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOLTON, GEORGE C	
STREET ADDRESS	314 ARIZONA STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BOLTON, MARY E	
STREET ADDRESS	314 ARIZONA STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, MICHAEL	
STREET ADDRESS	6640 BLUE BAY CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SELVIN, BRUCE	
STREET ADDRESS	16110 S.W. 154 AVENUE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALABRESE, MELISSA	
STREET ADDRESS	12758 88TH LANE NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	

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		<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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12858 80th Lane North	
CITY-ST-ZIP	West Palm Beach, FL 33412	

12. 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 10 or Block 11 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  
**George C. Bolton, President, Director**

January 7, 2003 (305) 324-7671

Date Daytime Phone #