

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 227329

1. Entity Name  
HOUSING ENGINEERS OF FLORIDA, INC. 1/2

FILED  
00 JUN 15 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
2601 S. Bayshore Dr.  
Suite 1250  
Miami FL 33133  
US

Mailing Address  
2601 S. Bayshore Dr.  
Suite 1250  
Miami FL 33133

2. Principal Place of Business  
901 Ponce de Leon Blvd.

3. Mailing Address  
901 Ponce de Leon Blvd.

Suite, Apt. #, etc.  
601

Suite, Apt. #, etc.  
601

City & State  
Coral Gables FL

City & State  
Coral Gables FL

Zip Country  
33134 US

Zip Country  
33134 US

**REINSTATEMENT 99.00**

4. FEI Number  
59-0874816

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, ROBERT A.  
2501 S. Bayshore Dr. #1250  
Miami, FL 33133

7. Name and Address of New Registered Agent

Name  
Michel O. Weisz, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
901 Ponce de Leon Blvd., Suite 601

City  
Coral Gables FL Zip Code  
33134

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 *Michel O. Weisz* Michel O. Weisz, 4/27/00  
Signature, typed or printed name of registered agent and title if applicable. (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, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOULD, ESTELLE	
STREET ADDRESS	2601 S. Bayshore Dr. 1250	
CITY-ST-ZIP	Miami FL 33133	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, ROBERT	
STREET ADDRESS	2601 S. Bayshore Dr. 1250	
CITY-ST-ZIP	Miami FL 33133	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCCALLUM, CATHIE E	
STREET ADDRESS	10 Edgewater Dr. #14F	
CITY-ST-ZIP	Coral Gables FL 33133	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLUM, CATHIE ELLEN	
STREET ADDRESS	10 Edgewater Dr. #14F	
CITY-ST-ZIP	Coral Gables FL 33133	
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		

400003313804--7  
-07/05/00--01110--007  
\*\*\*\*300.00 \*\*\*\*300.00  
 Change  Addition

**KE**

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: *Cathie E. McCallum* Cathie E. McCallum 4/27/00 442-1055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)