


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90246 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 227329		
1. Entity Name HOUSING ENGINEERS OF FLORIDA, INC.		
Principal Place of Business 901 PONCE DE LEON BLVD. #601 CORAL GABLES, FL 33134 US		Mailing Address 901 PONCE DE LEON BLVD. #601 CORAL GABLES, FL 33134 US
2. Principal Place of Business 9350 S. Dixie Hwy Suite, Apt. #, etc. 1500		3. Mailing Address 9350 S. Dixie Hwy Suite, Apt. #, etc. 1500
City & State Miami- FL		City & State Miami- Fl
Zip 33156	Country Dade	Country Dade
4. FEI Number -59-0874816		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WEISZ, MICHEL O ESQUIRE 901 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES, FL 33134 <i>Michel O Weisz</i>		7. Name and Address of New Registered Agent Name <u>Weisz, Michel O. Esq</u> Street Address (P.O. Box Number is Not Acceptable) <u>9350 S. Dixie Hwy #1500</u> City <u>Miami</u> FL Zip Code <u>33156</u>
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 _____ <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's name is required when entering)</small>		DATE _____
<small>FILE NOW WITH FEES \$180.00 After May 1, 2003 fees will be \$550.00 Make checks payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCALLUM, CATHIE ELLEN 10 EDGEWATER DR. #14F CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerings.		
SIGNATURE: <i>Cathie Ellen McCallum</i>		DATE: <i>April 18, 2003</i> (305) 668-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE

11017297



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)