

# 2001 UNIFORM BUSINESS REPORT (UBR)

05-10-2001 90130 024 \*\*\*167.50

**FILED**

**01 MAY 18 PM 3:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 228605** ✓  
1. Entity Name  
**CALMAQUIP ENGINEERING CORPORATION**

Principal Place of Business      Mailing Address  
200 South Biscayne Blvd.      200 South Biscayne Blvd.  
Suite #3400      Suite # 3400  
Miami, Florida 33131      Miami, Florida 33131

2. Principal Place of Business      3. Mailing Address  
200 South Biscayne Blvd.      200 South Biscayne Blvd.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite #4100**      **Suite # 4100**

City & State      City & State  
**Miami, Florida**      **Miami, Florida**

Zip      Country      Zip      Country  
**33131**      **Miami-Dade**      **33131**      **Miami-Dade**

4. FEI Number      Applied For  
**590877459**      Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RJVF Corporate Services, Inc.**  
**200 South Biscayne Blvd., Suite #4100**  
**Miami, Florida 33131**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!** FEES \$150.00  
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VD Diaz De Villegas, Rene 6201 SW 50 St. Miami, Florida 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Amezaga, Javier 3156 Virginia St. Coconut Grove, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Paz, Armando 4920 SW 85th St. Miami, Florida <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Gutierrez, Raul J. 1450 Bayshore Dr., #1210 Miami, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Portela, Rafael 283 Harbor Ct. Key Biscayne, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMEZAGA, JAVIER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 VENETIAN WAY MIAMI BEACH, FL 33139
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMEZAGA, JOSE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AVE. PASEO DE LA REPUBLICA 3245 LIMA 27, PERU

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: Rafael Portela      RAFAEL PORTELA      4/23/01      (305) 592-4510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #