

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90290 035 ***150.00

DOCUMENT # 387239

1. Entity Name
ENVIRONMENTAL DESIGN CONSULTANTS, INC.

Principal Place of Business

**710 RIDGEWOOD RD.
 KEY BISCAVNE FL 33149**

Mailing Address

**710 RIDGEWOOD RD.
 KEY BISCAVNE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1417783**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, RAUL
 710 RIDGEWOOD RD.
 KEY BISCAVNE FL 33149**

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 _____
 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, 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	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, ALEJANDRO R			NAME			
STREET ADDRESS	53 COLLIER RD			STREET ADDRESS			
CITY-ST-ZIP	SCITUATE MA 02066			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, RAUL			NAME			
STREET ADDRESS	710 RIDGEWOOD RD			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAVNE, FL 00000			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, ANA MARIA			NAME			
STREET ADDRESS	710 RIDGEWOOD RD			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAVNE FL 33149			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, MARCOS M.			NAME			
STREET ADDRESS	625 NORTH KINGS RD, APT #4			STREET ADDRESS			
CITY-ST-ZIP	WEST HOLLYWOOD CA 90048-2118			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, LEONARDO J.			NAME			
STREET ADDRESS	7619 2ND AVE WEST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12, 2002 305-361-5997

Date

Daytime Phone #

CR2E034 (9/01)