

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90095 029 ***158.75

DOCUMENT # 410385

1. Entity Name

LUDOVICI & ORANGE CONSULTING ENGINEERS, INC

Principal Place of Business

Mailing Address

329 PALERMO AVENUE
 CORAL GABLES FL 33134

329 PALERMO AVENUE
 CORAL GABLES FL 33134-6607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1416124

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALL, JOHN R.
329 PALERMO AVENUE
CORAL GABLES FL 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
AS	DAWES, ORIZA M	14457 SW 139TH AVENUE CIRCLE	MIAMI FL	<input type="checkbox"/>
PTD	HALL, JOHN R	6510 LK COMO TERR	MIAMI LAKES FL	<input type="checkbox"/>
VD	SOSA, ARTURO	19860 N.W. 65 CT.	MIAMI FL	<input type="checkbox"/>
SD	SHAFER, JAMES E	9910 SW 139TH STREET	MIAMI FL	<input type="checkbox"/>
VD	WONG, JUAN F	14101 LAKE SARANAC AVE	MIAMI LAKES FL	<input type="checkbox"/>
VD	Zimmermann, Sarah V.	13000 SW 70th Avenue	MIAMI, FL 33156	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

AS and Director

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: Oriza M. Dawes, Asst. Secy. Date: 1/3/00 Daytime Phone #: 305 448-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR