

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90947 050 ***158.75

DOCUMENT # 415491

1. Entity Name
C H M CONSULTING ENGINEERS, INC.

Principal Place of Business

Mailing Address

1320 S DIXIE HWY
SUITE 1241
CORAL GABLES FL 33146
US

1320 S DIXIE HWY
SUITE 1241
CORAL GABLES FL 33146
US



2. Principal Place of Business

3. Mailing Address

9200 S. DADELAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#409

#409

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33156

USA

33156

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1429530

Applied For

Not Applicable

5. Certificate of Status Desired

X **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONDERICH, DAVID
1320 SOUTH DIXIE HWY
SUITE 1241
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

9200 S. DADELAND BLVD

#409

City

MIAMI

FL

Zip Code

33156

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 **STD** ☐ Delete
NAME **HONDERICH, DAVID**
STREET ADDRESS **1320 S DIXIE HWY #1242=1**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Change ☐ Addition
NAME **9200 S. DADELAND BLVD, #409**
STREET ADDRESS **MIAMI, FL. 33156**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MOSBAT, MARK**
STREET ADDRESS **1320 S DIXIE HWY #1241**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
NAME **9200 S. DADELAND BLVD, #409**
STREET ADDRESS **MIAMI, FL. 33156**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DE LEON, SAMUEL**
STREET ADDRESS **1320 S DIXIE HWY #1241**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
NAME **9200 S. DADELAND BLVD, #409**
STREET ADDRESS **MIAMI, FL. 33156**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

DAVID HONDERICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02 305-667-1621

Date

Daytime Phone #

CR2E034 (9/01)