2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am **DOCUMENT # 481293 Secretary of State** 1. Entity Name INTER-CON ENGINEERS, INC. 01-23-2001 90095 001 ***150.00 Principal Place of Business Mailing Address 782 N W 84 LANE 782 N W 84 LANE **UUUU**6650 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1615295 Not Applicable Zip Country Country . -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ZORRILLA, JORGE** Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 84TH LANE CORAL SPRINGS FL 33071 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition TITLE ZORRILLA, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 782 N.W. 84TH LANE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE TSD ☐ Delete TITLE Change Addition NAME ZORRILLA, PHYLLIS J. NAME STREET ADDRESS 782 N.W. 84TH LANE STREET ADDRESS CITY-ST-ZIP CITY=ST27IP CORAL SPRINGS FL 33071 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 | Date | Daytime Phone #