

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 568701

1. Entity Name

ALD ENGINEERING, INC.

Principal Place of Business

3971 SW 8TH ST. STE 309  
MIAMI FL 33134

Mailing Address

3971 SW 8TH ST. STE 309  
MIAMI FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TEMKIN, RONALD E.  
616 ATLANTIC SHORES BLVD  
SUITE A  
HALLANDALE FL 33009

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, 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	D	<input type="checkbox"/> Delete
NAME	DOCAL, ABELARDO L JR	
STREET ADDRESS	3705-1000TH ROAD	
CITY-ST-ZIP	MIAMI	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TEMKIN, MARIA T	
STREET ADDRESS	9935 NE 4 AVE. RD.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOCAL, ANTONIO	
STREET ADDRESS	50 COMMERCIAL RD	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOCAL, MARIA T	
STREET ADDRESS	410 NE 94TH STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOCAL, ABELARDO L	
STREET ADDRESS	410 NE 94TH STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Docal, Abelardo L. Jr.	
STREET ADDRESS	410 NE 94 Street	
CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D. Docal Antonio A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	50 Connemara Road	
CITY-ST-ZIP	Roswell, GA 30075	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/30/01

Date

305-AM-1898

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)