

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90224 016 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1814598**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DOCAL, ABELARDO L JR	
STREET ADDRESS	410 NE 94 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
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 CONNEMARA ROAD	
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 FL 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOCAL, ABELARDO L	
STREET ADDRESS	410 NE 94TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/14/03

305-442-1898

Date

Daytime Phone #

CR2E034 (10/02)