

AMENDED

07-04-2002 90558 001 *****70.00
07-04-2002 90558 002 *****8.75
FILED 628559

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

02 JUL 11 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 628559

1. Entity Name
CRAIN ENGINEERING COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 Park Central Blvd. No. 3600 Park Central Blvd. No.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 3635 Ste. 3635

City & State City & State
Pompano Beach, FL. Pompano Beach, FL.

Zip Country Zip Country
33064 USA 33064 USA

4. FEI Number Applied For
59-1981577 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Daniels, Richard
Street Address (P.O. Box Number is Not Acceptable)
3300 Ponce De Leon Boulevard
City Coral Gables FL Zip Code 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and UBR if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	PS		PETROCELLI, GEORGE M.	2361 NW 30th Street	Boca Raton, FL. 33431
TITLE	VT		MCVAY, JOSEPH K.	3225 Crayton Road	Naples, FL. 34102
TITLE	VP		ORBEGOZO, ALFRED E.	11601 NW 21st Street	Pembroke Pines, FL. 33026
TITLE					
TITLE					
TITLE					

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 on an attachment with an address, with all other like empowered.

SIGNATURE: George M. Petrocelli, Pres. *George M. Petrocelli* 6/11/02 954-917-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034B (12/01)