

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637181

1. Entity Name

STEVEN FELLER P.E., INC.

FILED

Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90169 043 \*\*\*158.75

Principal Place of Business

Mailing Address

2701 W OAKLAND PARK BLVD  
SUITE 310  
OAKLAND PARK FL 33311

2701 W OAKLAND PARK BLVD  
SUITE 310  
OAKLAND PARK FL 33301-3236

2. Principal Place of Business

3. Mailing Address

500 N.E. Third Ave  
Suite, Apt. #, etc.

500 N.E. Third Ave.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Ft. Lauderdale, Fl

City & State  
Ft. Lauderdale, Fl

4. FEI Number 59-1941046

Applied For  
Not Applicable

Zip Country  
33301 Broward

Zip Country  
33301 Broward

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

FELLER, STEVEN M.  
2701 W OAKLAND PK #310  
OAKLAND PARK FL 33311

Name Feller Steven M.  
Street Address (P.O. Box Number is Not Acceptable)  
500 N.E. Third Avenue  
City Ft. Lauderdale FL Zip Code 33301

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, 2000 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 PD  
NAME FELLER, STEVEN  
STREET ADDRESS 2701 W OAKLAND PK #310  
CITY-ST-ZIP OAKLAND PARK FL ☐ Delete

TITLE P  
NAME Feller, Steven  
STREET ADDRESS 500 N.E. Third Ave  
CITY-ST-ZIP Ft. Lauderdale, Fl 33301 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 information.

SIGNATURE:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #