

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90017 001 \*\*\*150.00

0184145 AV

**DOCUMENT # F26922**

1. Entity Name

**DEROSE & SLOPEY CONSULTING ENGINEERS, INC.**

Principal Place of Business

150 S ANDREWS AVE STE 350  
POMPAÑO BCH FL 33069

Mailing Address

150 S ANDREWS AVE STE 350  
POMPAÑO BCH FL 33069

2. Principal Place of Business

470 S.W. 12th Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Pompano Beach, FL 33069

Zip

22069

Country

USA

3. Mailing Address

470 S.W. 12th Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Pompano Beach, FL 33069

Zip

33069

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2110223

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIRSCHBAUM, JOEL L.

315 S.E. 7TH STREET.

SUITE 300

FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Robert J. Burnett, Esq.

Street Address (P.O. Box Number is Not Acceptable)

3111 Stirling Road

City

Ft. Lauderdale

FL

Zip Code  
33312

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

*Robert J. Burnett*

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

(NOTE: Registered Agent signature required when reinstating)

1/31/02

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, 2002 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 ☐ Delete  
NAME ST  
STREET ADDRESS DEROSE, ANN M  
CITY-ST-ZIP 7851 N.W. 54TH STREET  
LAUDERHILL, FL 3

TITLE ☐ Delete  
NAME V  
STREET ADDRESS SLOPEY, GARY G.  
CITY-ST-ZIP 1941 N.E. 35TH COURT  
FT LAUDERDALE, FL 00000

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DEROSE, LAWRENCE  
CITY-ST-ZIP 7851 N.W. 54TH STREET  
LAUDERHILL, FL 3

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME ST  
STREET ADDRESS DeRose, Ann M  
CITY-ST-ZIP 141 East Tropical Way  
Plantation, Fl 33317 ☐ Change ☐ Addition

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS DeRose, Lawrence  
CITY-ST-ZIP 141 East Tropical Way  
Plantation, Fl. 33317 ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ 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:

*Stacy M. DeRose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

954-942-7703

Daytime Phone #

CR2E034 (9/01)