

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000000576**

1. Entity Name
AMEC CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business
**1633 BROADWAY, 24TH FLOOR
NEW YORK NY 10019**

Mailing Address
**1633 BROADWAY, 24TH FLOOR
NEW YORK NY 10019**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

13-3803502

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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, 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: SRVP
NAME: KUBLIS, JOHN V
STREET ADDRESS: 1633 BROADWAY 24TH FL
CITY-ST-ZIP: NEW YORK NY 10019**

Delete

**TITLE: VCD
NAME: CAVANAGH, JOHN A
STREET ADDRESS: 1633 BROADWAY, 24TH FLOOR
CITY-ST-ZIP: NEW YORK NY 10019**

Delete

**TITLE: SVPS
NAME: OMNEMBO, JOHN D.JR.
STREET ADDRESS: 1633 BROADWAY, 24TH FLOOR
CITY-ST-ZIP: NEW YORK NY 10019**

Delete

**TITLE: COOD
NAME: BECKER, MITCHELL W
STREET ADDRESS: 1633 BROADWAY, 24TH FLOOR
CITY-ST-ZIP: NEW YORK NY 10019**

Delete

**TITLE: CH
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

Delete

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

Delete

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:

John V. KUBLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)