

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91292 033 ***150.00

DOCUMENT # G62458

1. Entity Name

TECHNICAL ENGINEERING SERVICES, INC.

Principal Place of Business

**8269 NW 66TH ST
 MIAMI FL 33166
 US**

Mailing Address

**P. O. BOX 693963
 MIAMI FL 33269-0963
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2369610**

Applied For

Not Applicable

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

CASTILLO, ALMA V

8322 NW 68TH STREET

MIAMI FL 33166

Name

ALMA V. CASTILLO

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

8269 NW 66 ST

MIAMI

City

FL

Zip Code

33166

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

4/29/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
 NAME **CASTILLO, ALMA V**
 STREET ADDRESS **375 WEST CYPRESS COVE CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **PT** ☒ Change ☐ Addition
 NAME **CASTILLO, ALMA V**
 STREET ADDRESS **8269 NW 66 ST**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☒ Delete
 NAME **CASTILLO, MARIA L**
 STREET ADDRESS **13851 N.GARDEN COVE CIR**
 CITY-ST-ZIP **DAVIE FL 33325**

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

TITLE **VPS** ☐ Delete
 NAME **CASTILLO, JORGE A**
 STREET ADDRESS **375 W. CYPRESS COVE CIR**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **VPS** ☒ Change ☐ Addition
 NAME **CASTILLO, JORGE**
 STREET ADDRESS **8269 NW 66 ST**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (305)392-5090

Date

Daytime Phone #

CR2E034 (9/01)