## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Mar 09, 2000 8:00 am Secretary of State 03-09-2000 90037 001 \*\*\*300.00 **DOCUMENT # H29004**

**ENVIRO ENGINEERING CORPORATION** 

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place	e of Business	Mailing Address			
2226 SOUTH CONGRESS AVENUE SUITE 2-C WLS; PALM BEACH FL 33406		% NABIL HANSEN 2326 S CONGRESS AVE STE 2-C WEST PALM BEACH FL 33406-7614 US			
2. Principal Place of Business		3. Mailing Address		<del></del>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number 65-0357509 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current R	legistered Agent	<u> </u>		7. Name and Address of New Registered Agent
HANSEN, NABIL 2326 S CONGRESS AVE STE 2C WEST PALM BEACH FL 33406				daress (	PO. Box Number is Not Acceptable)  CONGRESS AVE., Snite 1-A  Palm Beach FL Zip Code 38406
SIGNATURE  ARTHUR  HANSE XI  Signature, typed or printed name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Tax filing requirement and elects to do so.   Tax filing requi				ure required	10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D. HANSEN, NABIL 2326 S CONGRESS AVE, #1A WEST PALM BEACH FL	_ <b>X</b> Delete	TITLE NAME STREET ADDRESS ĈITY-ST-ZIP	48	LESIDENT Addition Addition ANCY ADAMS 129 Blue Pine Cicle 129 Blue Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	DV HANSEN, ARMO 3300 S OCEAN BLVD #405 PALM BEACH FL	<b>∑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	133	TE PRESIDENT Change Addition RTHUR HANSEN  OO S. OCEAN BLUD., B.405  Ilm Beach, TL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN, SOAD 3300 SOUTH OCEAN BLVD PALM BEACH FL	<b>S</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10	CRETARY XChange Addition  ORI LANT  6 Loodfake Circle  Cen Acres, XL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	711	CE PRESIDENT Change Addition MOTHY HANSEN  26 Live Odks lane oynton Beach, KL334\$36
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 empowered.					