

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29769

1. Entity Name

ENGINEERED STRUCTURES & COMPONENTS CORPORATION

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90129 043 ***150.00

Principal Place of Business

% VAL BERNHARDT
14440 S.W. 21ST STREET
DAVIE FL 33325

Mailing Address

% VAL BERNHARDT
14440 S.W. 21ST STREET
DAVIE FL 33325

2. Principal Place of Business

200 DIPLOMAT PARKWAY

3. Mailing Address

200 DIPLOMAT PARKWAY

Suite, Apt. #, etc.

APT 320

Suite, Apt. #, etc.

APT 320

City & State

HALLANDALE FLA

City & State

HALLANDALE FLA.

Zip

33009-3704

Country

USA

Zip

33009-3704

Country

USA

4. FEI Number

59-2471655

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

Name

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

City

FL

Zip Code

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, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
BERNHARDT, VAL
14440 S.W. 21ST STREET
DAVIE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VAL BERNHARDT 1-20-01

CR2E034 (10/00)