

2001 UNIFORM BUSINESS REPORT (UBR)

06-29-2001 90218 038 ****61.25
H93184

DOCUMENT # **H93184**
1. Entity Name
Engineering America, Inc.

FILED
01 JUL 10 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0075463

Principal Place of Business 2875 NE 191 STREET SUITE 704 TURNBERY PLAZA AVENTURA, FL 33180 USA		Mailing Address (SAME)		4. FEI Number 59-2621552	Applied For Not Applicable
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS GELB EUGENE F	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2875 NE 191 ST, # 704		NAME		
STREET ADDRESS	AVENTURA, FL 33180		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DI CARNA RICCARDO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2875 NE 191 ST, # 704		NAME		
STREET ADDRESS	AVENTURA, FL 33180		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MAYEL, CHARES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2875 NE 191 ST, # 704		NAME		
STREET ADDRESS	AVENTURA, FL 33180		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ORLANDO CARBALES	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2875 NE 191 ST, # 704		NAME		
STREET ADDRESS	AVENTURA, FL 33180		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: **EUGENE F. GELB** **6/11/01** **305-937-3727**
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)