

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L44737

1. Entity Name

PHS ENGINEERING CORP.

FILED

Aug 28, 2000 8:00 am  
Secretary of State

08-28-2000 90039 006 \*\*\*558.75

Principal Place of Business

4100 NE 2ND AVE.  
320  
MIAMI FL 33137  
US

Mailing Address

4100 NE 2ND AVE  
STE 320  
MIAMI FL 33137  
US

2. Principal Place of Business

4100 N.E. 2nd AVE

3. Mailing Address

4100 N.E. 2nd AVE

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33137

Country

U.S.A.

Zip

33137

Country

U.S.A.

4. FEI Number

65-0503353

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLAS, RONALD M PE  
4100 NE 2ND AVE  
#309  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name  
RONALD M. COLAS, P.E.

Street Address (P.O. Box Number is Not Acceptable)  
4100 N.E. 2nd VE

SUITE 310

City  
MIAMI

FL

Zip Code  
33137

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☒ Delete  
NAME  
FOUCARD, ALEXANDRA  
STREET ADDRESS  
4100 NE 2NS AVE STE 309  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ Delete  
NAME  
PDS  
COLAS, RONALD P.  
STREET ADDRESS  
4100 NE 2ND AVE., #320  
CITY-ST-ZIP  
MIAMI FL

TITLE ☒ Delete  
NAME  
ALBAARI, RAQUEEB A. A  
STREET ADDRESS  
4100 NE 2ND AVE., #307  
CITY-ST-ZIP  
MAIMI FL

TITLE ☒ Delete  
NAME  
VILLAIN, MARC  
STREET ADDRESS  
4100 NE 2ND AVE., #320  
CITY-ST-ZIP  
MIAMI FL

TITLE ☒ Delete  
NAME  
DSC  
SICLAIT, ROBERT JEAN  
STREET ADDRESS  
4100 NE 2ND AVE STE 320  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-24-2000 (305) 573-2240  
Date Daytime Phone #

CR2E034 (5/00)