

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90016 040 \*\*\*158.75

0158815

**DOCUMENT # L83586**

1. Entity Name

**ENGINEERING AND CONSTRUCTION SERVICES, INC.**

Principal Place of Business

ATTN: MS. M.J. PARKER  
 5757 BLUE LAGOON DRIVE, SUITE 110  
 MIAMI FL 33126

Mailing Address

ATTN: MS. M.J. PARKER  
 5757 BLUE LAGOON DRIVE, SUITE 110  
 MIAMI FL 33126

2. Principal Place of Business

2655 LeJeune Road  
 Suite, Apt. #, etc.  
 Suite 327

3. Mailing Address

2655 Le Jeune Road  
 Suite, Apt. #, etc.  
 Suite 327

City & State

CORAL GABLES

City & State

Coral Gables

4. FEI Number

65-0210811

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WAYMON ARMSTRONG  
 5757 BLUE LAGOON DR  
 STE 110  
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

MJ PARKER

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

2655 Le Jeune Road

Suite 327

City

Coral Gables

FL

Zip Code

33134

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 MJ PARKER

Signature, typed or printed name of registered agent and title if applicable.

*MJ Parker*

(NOTE: Registered Agent signature required when reinstating)

2/14/01

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

TITLE **D** ☒ Delete  
 NAME **ARMSTRONG, WAYMON**  
 STREET ADDRESS **5757 BLUE LAGOON DR, SUITE 110**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **P** ☐ Delete  
 NAME **PARKER, MJ**  
 STREET ADDRESS **5757 BLUE LAGOON DR, SUITE 110**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **D/P** ☒ Change ☐ Addition  
 NAME **MJ PARKER**  
 STREET ADDRESS **2655 Le Jeune Road, Suite 327**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

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: MJ PARKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Date

(305) 779-3085

Daytime Phone #

CR2E034 (10/00)