

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91165 009 ***150.00

DOCUMENT # *M54320*

1. Entity Name

ENRIQUE L. FERNANDEZ P.E. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2918 S.W. 34 STREET

Suite, Apt. #, etc.

3. Mailing Address

2918 SW 3ST

Suite, Apt. #, etc.

B0061992

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2835647

Applied For

Not Applicable

Zip

33135

Country

U.S.

Zip

33135

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ENRIQUE L. FERNANDEZ P.E. INC.

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

2918 S.W. 34 STREET

City

MIAMI

FL

Zip Code

33135

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*PRESIDENT DIRECTOR
ENRIQUE L. FERNANDEZ
2918 S.W. 34 STREET
MIAMI FL 33135*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VICE PRESIDENT SECRETARY
2918 SW 34 STREET
MIAMI
FL 33135*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 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 #

02-26-02

CR2E034B (12/01)