

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60708

1. Entity Name

DECON ENVIRONMENTAL & ENGINEERING, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90016 038 ***150.00

Principal Place of Business Mailing Address
2652 NW 31ST AVE. 2652 NW 31ST AVE.
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-2708

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0009930** 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

PANOFF, ROBERT E., P.A.
9400 S. DADELAND BLVD.
SUITE 106
MIAMI FL 33156

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, 2000 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 **VT** ☐ Delete
NAME **MULLER, DAN**
STREET ADDRESS **9400 S DADELAND BLVD #106**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VP** ☐ Change ☒ Addition
NAME **MARTIN, JAHUE D**
STREET ADDRESS **9400 S DADELAND BLVD #106**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD** ☐ Delete
NAME **LANE, ROBERT W.**
STREET ADDRESS **9400 S.DADELAND BLVD#106**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **SV** ☐ Delete
NAME **GILLESPIE, LESLEY**
STREET ADDRESS **9400 S.DADELAND BLVD#106**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **AS** ☐ Delete
NAME **CROFT AUDREY J**
STREET ADDRESS **9400 S. DADELAND BLD 106**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **PD** ☐ Delete
NAME **LEVIN, SARA**
STREET ADDRESS **9400 S DADELAND BLVD #106**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **V** ☐ Delete
NAME **LEVIN, ALON**
STREET ADDRESS **9400 S. DADELAND BLVD #106**
CITY-ST-ZIP **MIAMI FL 33156**

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:

Lesley K. Gillespie **LESLEY K. GILLESPIE** 1-31-00 (954) 465-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #