

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86698

1. Entity Name

ALL FLORIDA ENGINEERING SERVICES, INC.

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90013 048 \*\*\*158.75

Principal Place of Business

% ESTEBAN ORTIZ  
2426 SW 138TH AVE  
MIAMI FL 33175

Mailing Address

% ESTEBAN ORTIZ  
2426 SW 138TH AVE  
MIAMI FL 33175-6366

2. Principal Place of Business

13800 SW 8 ST.

Suite, Apt. #, etc.

-366

3. Mailing Address

13800 SW 8 ST.

Suite, Apt. #, etc.

366

City & State

MIAMI, FL.

Zip  
33184

Country  
USA

City & State

MIAMI, FL.

Zip  
33184

Country  
USA

4. FEI Number

65-0059216

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESTEBAN, ORTIZ  
2426 SW 138TH AVE.  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

GEORGINA ORTIZ

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

13800 SW 8 ST.

# 366

City

MIAMI

FL

Zip Code  
33184

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

*Georgina Ortiz*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/2000

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

TITLE DP  
NAME ORTIZ, ESTEBAN  
STREET ADDRESS 2426 SW 138TH AVE.  
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME GEORGINA ORTIZ  
STREET ADDRESS 13800 SW 8 ST. #366  
CITY-ST-ZIP MIAMI, FL. 33184

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Georgina Ortiz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2000

CR2E034 (9/99)