

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46086

1. Entity Name

THE INTERNATIONAL INSTITUTE OF FORENSIC ENGINEER

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90070 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2870 STIRLING RD  
HOLLY WOOD FL 33020

2870 STIRLING RD  
HOLLY WOOD FL 33020-1125  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0330050

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

FISHE, GERALD R A  
2031 SW 36 AVENUE  
FT LAUDERDALE FL 33312

Name **FRANK E. GRATE**

Street Address (P.O. Box Number is Not Acceptable)  
**2870 Stirling Road**

City **Hollywood**

**FL**

Zip Code **33020**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **GRATE, FRANK E PE**  
STREET ADDRESS **2870 STIRLING RD**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE **VD** ☐ Delete  
NAME **TIMS, EUGENE F.**  
STREET ADDRESS **4840 NEWCOMB DR**  
CITY-ST-ZIP **BATON ROUGE LA**

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

TITLE **SD** ☐ Delete  
NAME **SCHORR, STEVEN M. P.E.**  
STREET ADDRESS **1603 OLD YORK RD**  
CITY-ST-ZIP **ABINGTON PA**

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

TITLE **TD** ☐ Delete  
NAME **FISHE, GERALD R.A. P.E.**  
STREET ADDRESS **2031 SW 36 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **D** ☐ Delete  
NAME **DORION, ROBERT B J**  
STREET ADDRESS **1 PLACE VILLE-MARIE 1521**  
CITY-ST-ZIP **MONTREAL, QC, CANADA**

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

TITLE **PD** ☐ Delete  
NAME **WILKINSON, HAROLD J. P.E**  
STREET ADDRESS **1022 WATERDOWN RD**  
CITY-ST-ZIP **BURLINGTON, ONT CAN**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/00**

Date

**954-925-0499**

Daytime Phone #

CR2E037 (9/99)