

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90036 032 ****61.25

DOCUMENT # N46086

1. Entity Name

THE INTERNATIONAL INSTITUTE OF FORENSIC ENGINEER

Principal Place of Business

**2870 STIRLING RD
 HOLLY WOOD FL 33020**

Mailing Address

**2870 STIRLING RD
 HOLLY WOOD FL 33020
 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

Zip

Country

Zip

Country

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

**GRATE, FRANK E
 2870 STIRLING ROAD
 HOLLYWOOD FL 33020**

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

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

TITLE ☒ Change ☐ Addition
 NAME **T/D**
 STREET ADDRESS **GRATE, FRANK E. P.E.**
 CITY-ST-ZIP **2870 STIRLING RD
 HOLLYWOOD FL 33020**

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

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

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

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

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

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

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

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

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

12/APRIL/2001
 Date Daytime Phone #

CR2E037 (10/00)