

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91409 036 ***158.75

0293550 AV

DOCUMENT # P00000009207

1. Entity Name

SOUTH FLORIDA ENGINEERING & DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

~~13001 SW 118 STREET~~

~~13001 SW 118 STREET~~

~~MIAMI FL 33156~~

~~MIAMI FL 33156~~

14238 SW 136 St

14238 SW 136 St

Miami, Florida 33186

Miami, Florida 33186

2. Principal Place of Business

14238 SW. 136 St

3. Mailing Address

14238 SW. 136 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

NOT APPLICABLE

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

LOBVE, GEORGIANA

13001 SW 118 STREET

MIAMI FL 33156

Name

Samuel Lo Bue

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

14238 SW 136 St

City

Miami

FL

Zip Code

33186

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

Samuel Lo Bue

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-02

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, 2002 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	PDST	<input checked="" type="checkbox"/> Delete
NAME	LEOVE, GEORGE MAN	
STREET ADDRESS	13001 SW 118 STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	P. S/T / D	<input type="checkbox"/> Delete
NAME	Samuel Lo Bue	
STREET ADDRESS	14238 SW 136 St	
CITY-ST-ZIP	Miami Florida 33186	
TITLE	WAYNE ROSEN V.P./D	<input type="checkbox"/> Delete
NAME	14238 SW 136 St	
STREET ADDRESS	Miami Florida 33186	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Samuel Lo Bue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

Date

305-232-2340

Daytime Phone #

CR2E034 (9/01)