

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90033 013 ***150.00

DOCUMENT # P00000020420
1. Entity Name
 ENGINEERING CONTRACTORS B.G.R., INC

Principal Place of Business **Mailing Address**
 1430 SW 1ST STREET
 STE 201
 MIAMI, FL 33125

2. Principal Place of Business **3. Mailing Address**
 3000 NW 109 AVENUE 2nd FL 4647 NW 111 CT
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 200

City & State **City & State**
 MIAMI, FL DORAL MEADOWS, FL

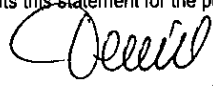
Zip **Country** **Zip** **Country**
 33172 USA 33178 USA

4. FEI Number **Applied For**
 65-0985512 Not Applicable

5. Certificate of Status Desired - **\$8.75 Additional Fee Required**

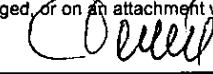
6. Name and Address of Current Registered Agent
 RAMIREZ WILSON C.
 1430 NW 111 CT.
 MIAMI, FL 33125

7. Name and Address of New Registered Agent
Name
 CESAR BARON
Street Address (P.O. Box Number is Not Acceptable)
 4647 NW 111 CT
 Miami
City **FL** **Zip Code**
 DORAL MEADOWS 33178

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. **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	PD GALLARDO, CESAR BARON 1430 SW 1 STREET MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CESAR BARON 4647 NW 111 CT. - Miami DORAL MEADOWS, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 04/13/01 - 305-785-9010

A0055239

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)