

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**  
 03-16-2001 90026 009 \*\*\*150.00

0078514

**DOCUMENT # P00000021494**

1. Entity Name

**APPLIED OBJECT ENGINEERING, INC.**

Principal Place of Business

1338 AMBERG AVE. NW  
 PALM BCH FL 32907

Mailing Address

1338 AMBERG AVE. NW  
 PALM BCH FL 32907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Palm Bay, FL*

City & State

*Palm Bay, FL*

Zip

*32907*

Country

*United States*

Zip

*32907*

Country

*United States*

4. FEI Number

*593643412*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALZAMORA, MARICRUZ R**  
 1338 AMBERG AVE. NW  
 PALM BCH FL 32907

7. Name and Address of New Registered Agent

Name

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

City

*Palm Bay*

**FL**

Zip Code

*32907*

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	WOOD, DAVID	
STREET ADDRESS	343 AWIN CIR. SW	
CITY-ST-ZIP	PALM BCH FL 32907	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALZAMORA, BARTOLOME	
STREET ADDRESS	1338 AMBERG AVE. NW	
CITY-ST-ZIP	PALM BCH FL 32907	
TITLE	S.	<input type="checkbox"/> Delete
NAME	WOOD, THERESA	
STREET ADDRESS	343 AWIN CIR SW	
CITY-ST-ZIP	PALM BCH FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>Palm Bay, FL 32909</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>Palm Bay, FL 32907</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>Palm Bay, FL 32909</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>ALZAMORA, MARICRUZ R</i>	
STREET ADDRESS	<i>1338 Amberg Ave NW</i>	
CITY-ST-ZIP	<i>Palm Bay, FL 32907</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or other like empowered.

SIGNATURE:

*Bartolome Alzamora*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3-13-01*

Daytime Phone #

*(321) 723-3108*

CR2E034 (10/00)