

FILED
Jun 24, 2003 8:00 am
Secretary of State

06-24-2003 90012 005 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000025371 1. Entity Name JONES McMULLEN ENGINEERING, INC.																																																																																																																																			
Principal Place of Business 521 NE 56TH ST MIAMI, FL 33137		Mailing Address 521 NE 56TH ST MIAMI, FL 33137																																																																																																																																	
2. Principal Place of Business 45 SW 24 RD		3. Mailing Address SAM9																																																																																																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																	
City & State MIAMI, FL		City & State 		4. FEI Number 65-0989179																																																																																																																															
Zip 33129		Country 		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent MCMULLEN, CATHERINE 521 NE 56TH ST MIAMI, FL 33137				7. Name and Address of New Registered Agent Name GEORGE SAENZ, CPA, P.A. Street Address 45 S.W. 24th Road City Miami, Florida 33129 State FL																																																																																																																															
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																			
SIGNATURE _____ DATE 6/18/03 (Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent's signature required when resigning))																																																																																																																																			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MCMULLEN, CATHERINE</td> <td></td> <td>NAME</td> <td>GEORGE SAENZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>521 NE 56TH ST</td> <td></td> <td>STREET ADDRESS</td> <td>45 SW 24 RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33137</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33129</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME	MCMULLEN, CATHERINE		NAME	GEORGE SAENZ		STREET ADDRESS	521 NE 56TH ST		STREET ADDRESS	45 SW 24 RD		CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	MIAMI FL 33129		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 607, 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: _____ DATE 6/18/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			

90140267

☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment
90140267

Jones McMullen Engineering, Inc
45 SW 24 Road
Miami, Florida 33129

June 18, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

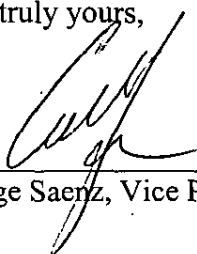
Re: Jones McMullen Engineering, Inc P00000025371

Dear Gentlemen:

Enclosed please find the 2003 Uniform Business Report for the above-referenced corporation. Also enclosed is a check for \$158.75 to cover the annual report fee and certificate of status. With respect to the late fees I respectfully request that they be waived. The original annual report was not received most likely due to a change of address. I apologize for this oversight and appreciate your cooperation and understanding in this matter.

Should you have any questions, please do not hesitate to call at 305-856-4924.

Very truly yours,


George Saenz, Vice President