

# 2001 UNIFORM BUSINESS REPORT (UBR)

07-05-2001 90006 029 \*\*\*50.00  
P00000031176

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 20 AM 11:23



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000031176</b> 1. Entity Name <b>EDGARDO GONZALEZ ENGINEERING CONSULTANTS, INC.</b> <i>EDGARDO GONZALEZ ENGINEERING CONSULT.</i>																																																																																																																													
Principal Place of Business 13470 S.W. 24TH STREET MIAMI FL 33175			Mailing Address 13470 S.W. 24TH STREET MIAMI FL 33175																																																																																																																										
2. Principal Place of Business			3. Mailing Address																																																																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number <b>65-0999046</b>																																																																																																																									
				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent  <b>GONZALEZ, EDGARDO</b> <b>13470 S.W. 24TH STREET</b> <b>MIAMI FL 33175</b>				7. Name and Address of New Registered Agent																																																																																																																									
				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 _____ (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. <input checked="" type="checkbox"/> (See criteria on back)			<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																																																																																										
			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">12. 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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 or without other like empowered.																																																																																																																													
SIGNATURE: _____ <i>[Signature]</i> <span style="float: right;">6/29/2001 305 772-0138</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

CR2E034 (10/00)