

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062084

1. Entity Name

ADVANCED ENGINEERING AND SURVEYING CORPORATION

Principal Place of Business

5858 SW 2ND TERR.
MIAMI FL 33144

Mailing Address

5858 SW 2ND TERR.
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1021456

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

AGUILAR, MANUEL M
4528 SW 143RD PL. EAST
MIAMI FL 33175

Name MANUEL M. AGUILAR

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

5858 S.W. 2 TERR.

City MIAMI

FL

Zip Code 33144

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GORRAS, MIGUEL A
STREET ADDRESS 2375 SW 9TH ST. NO. 8
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CUEVAS, CARLOS R
STREET ADDRESS 4528 SW 143RD PL. EAST
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AGUILAR, MANUEL M
STREET ADDRESS 5858 SW 2ND TERR.
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORALES, FRANCISCO J
STREET ADDRESS 6095 W. 18TH AVE., NO. S-204
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other person empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 305 796-5640

Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE