

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90044 042 ***150.00

DOCUMENT # P00000083685

1. Entity Name

PARKER ENGINEERING AND ASSOCIATES, INC.

Properties Investment & Engineering, INC

Principal Place of Business

14393 SW 142 ST
 MIAMI FL 33186

Mailing Address

14393 SW 142 ST
 MIAMI FL 33186

2. Principal Place of Business

3830 Hollywood Blvd
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Same

Zip

33021

Country

Broward

Zip

Country

4. FEI Number

65-1037441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLARIJO, MIGUEL A
11276 SW 160 CT
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name **Frank Vargas**

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

18777 NW 23 ST

Pembroke Pines FL

City

FL

Zip Code

33029

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

2/2/2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	CLARIJO, MIGUEL A	
STREET ADDRESS	11276 SW 160 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARIJO, ARCANGEL	
STREET ADDRESS	11276 SW 160 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, ROBERTO	
STREET ADDRESS	11276 SW 160 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAFFITTE, ORLANDO	
STREET ADDRESS	5091 SW 154 TERR	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALBUERNE, FERNANDO	
STREET ADDRESS	8200 SW 94 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clavijo, Miguel A.	
STREET ADDRESS	2401 South Ocean DR #2602	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clavijo, Arcangel	
STREET ADDRESS	2401 South Ocean DR. #2602	
CITY-ST-ZIP	Hollywood, FL 33019	
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		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)