

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000106379**1. Entity Name
CONYMAC ENGINEERING, CORPORATION

Principal Place of Business 3015 NORTH OCEAN BLVD., SUITE C-117 FORT LAUDERDALE FL 33308	Mailing Address 3015 NORTH OCEAN BLVD., SUITE C-117 FORT LAUDERDALE FL 33308
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2. Principal Place of Business 3015 NORTH OCEAN BLVD.	3. Mailing Address 3015 NORTH OCEAN BLVD.
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Suite, Apt. #, etc. C-101	Suite, Apt. #, etc. C-101
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City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
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Zip 33308	Country US	Zip 33308	Country US
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4. FEI Number 58-2583455	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRESTREPO MOLINA LUIS FERNANDO
3015 NORTH OCEAN BLVD., SUITE C-117

FORT LAUDERDALE FL 33308**7. Name and Address of New Registered Agent**Name
RESTREPO MOLINA LUIS FERNANDO
Street Address (P.O. Box Number is Not Acceptable)
3015 NORTH OCEAN BLVD
C-101
City
FORT LAUDERDALE FL Zip Code
33308

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIRALDO PAJON SANDRA BEATRIZ 3015 NORTH OCEAN BLVD., SUITE C-117 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RESTREPO MOLINA LUIS FERNANDO 3015 NORTH OCEAN BLVD., SUITE C-117 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIRALDO PAJON SANDRA BEATRIZ 3015 NORTH OCEAN BLVD., SUITE C-101 FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RESTREPO MOLINA LUIS FERNANDO 3015 NORTH OCEAN BLVD., SUITE C-101 FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: LUIS FERNANDO RESTREPO MOLINA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PTD 04/27/2001

Date

Daytime Phone #

CR2E034 (11/00)