

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90143 007 ***150.00

DOCUMENT # P00000106379

1. Entity Name

CONYMAC ENGINEERING, CORPORATION

Principal Place of Business

**3015 NORTH OCEAN BLVD.
 C-101
 FORT LAUDERDALE FL 33308
 US**

Mailing Address

**3015 NORTH OCEAN BLVD.
 C-101
 FORT LAUDERDALE FL 33308
 US**

2. Principal Place of Business

X 3015 NORTH OCEAN BLVD

3. Mailing Address

3015 NORTH OCEAN BLVD

Suite, Apt. #, etc.

C-117

Suite, Apt. #, etc.

C-117

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

BROWARD

Zip

33308

Country

BROWARD

4. FEI Number

58-2583455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RESTREPO MOLINA, LUIS FERNANDO
 3015 NORTH OCEAN BLVD
 C-101
 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-117**
 Suite, Apt. #, etc. **SUITE C-117**
 City **FORT LAUDERDALE** State **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

[Signature]

Signature, typed name of registered agent and title if 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, 2002 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 **PTD** ☐ Delete
 NAME **RESTREPO MOLINA, LUIS FERNANDO**
 STREET ADDRESS **3015 NORTH OCEAN BLVD., SUITE C-101**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **SD** ☐ Delete
 NAME **GIRALDO PAJON, SANDRA BEATRIZ**
 STREET ADDRESS **3015 NORTH OCEAN BLVD., SUITE C-101**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
 NAME **RESTREPO MOLINA, LUIS FERNANDO**
 STREET ADDRESS **3015 NORTH OCEAN BLVD, SUITE C-117**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **SD** ☒ Change ☐ Addition
 NAME **GIRALDO PAJON, SANDRA BEATRIZ**
 STREET ADDRESS **3015 NORTH OCEAN BLVD, SUITE C-117**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)