## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90136 014 \*\*\*158.75

1. Entity Name	MENT # p0000011 ERRA ENGINEERING CO		c.			/ 03-08-20	302 30130	014	136.73	
<b>C</b>	OO NOT WRITE	IN THIS S	PA(	CE						
2. Principal Pla 7270 NW	ace of Business 12 Street	3. Mailing Address 7270 NW 12 Street								
Suite, Apt. #. 200	, etc.	Suite, Apt. #, etc. 200				DO NOT WRITE IN THIS SPACE				
City & State Miami,	FL	City & State Miami, FL				4. FEI Number Applied For			· · · · · · · · · · · · · · · · · · ·	
<sup>Zip</sup> 33126	Country United States	<sup>Zip</sup> 33126	Cour		States	5. Certificate of Status Desired		8.75 Ad e Require	ot Applicable	
DO NOT WRITE IN THIS SPACE					7. Name and Address of Current Registered Agent  Name Arias, Mariazell H.  Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12 Street  Suite 200					
SIGNATURE	amed entity submits this statement for the graduate of the graduate of printed name of registered agent and graduate, typed or printed name of registered agent and				Miami, or registered	agent, or both, in the State of Flo	FL   orida. 4/29/ DATE	Zip Cod 33126 2002	)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - Ma After May 1 Amended Make Check Payable				s \$550.0 s \$61.25	0 -	10. Election Campaign Fin. Trust Fund Contribution		\$5.0 Added	0 May Be I to Fees	
NAME	D Arias, Mariazell H. 7270 NW 12 Street, Miami, FL 33126	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITY+	E ET ADDRESS •ST-ZIP					CR2E034B (12/01)	
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IAME ITREET ADDRESS ITY-ST-ZIP			CITY-S							
of the corpora	fy that the information supplied with this his report or supplemental report is true ation or the receiver or trustee empowe ith an address, with all other like empow	ered to execute this report vered.	as requi	red by Ci	ed in Section ave the same napter 607, FI	orida Statutes; and that my nam	ith; that I am ai le appears in E	1 officer o Block 11 (	or director or on an	
of the corpora attachment wi	ation or the receiver or trustee empower ith an address, with all other like empow	ered to execute this report vered.	STREE CITY-S TITLE NAME STREET CITY-S he exem s signatu as requi	T ADDRESS ST-ZIP T ADDRESS ST-ZIP Splion stat re shall h red by Cl	ed in Section ave the same napter 607, Fl	119.07(3)(f), Florida Statutes. I fi legal effect as if made under oa orida Statutes: and that my nam 04/29/2002 (3	ith; that I am ai le appears in E	1 officer of Block 11 o -121(	or director or on an	