

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91182 050 ***150.00

DOCUMENT # P0000011706E

1. Entity Name

Intercontinental Engineering & Testing Consult

Principal Place of Business

Mailing Address

1142 SW 122nd Ave
Pembroke Pines, FL 33025

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Pembroke Pines, FL 33025

C0069901

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

65-1060914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Njie, Sajuk a
1142 SW 122nd Avenue
Pembroke Pines, FL 33025

Name

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

City

FL

Zip Code

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.

(NOT)

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 President ☐ Delete
NAME Njie, Sajuk a
STREET ADDRESS 1142 SW 122nd Ave
CITY-ST-ZIP Pembroke Pines, FL 33025

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 no officer or director of the corporation or the receiver or trustee empowered to execute this report has changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Sajuk a Njie**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/01
Date

954-432-9017
Daytime Phone #

CR2E034 (11/00)