

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91432 004 \*\*\*150.00

0188173 AV

**DOCUMENT # P00000117066**

1. Entity Name  
**INTERCONTINENTAL ENGINEERING & TESTING CONSULTAN  
TS, INC.**



Principal Place of Business  
**1142 SW 122ND AVE  
PEMBROKE PINES FL 33025**

Mailing Address  
**1142 SW 122ND AVE  
PEMBROKE PINES FL 33025**



2. Principal Place of Business

3. Mailing Address

**1142 S.W. 122ND AVE**

**1142 S.W. 122ND AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**B46**

**B46**

City & State

City & State

**PEMBROKE PINES**

**PEMBROKE PINES**

Zip

Country

Zip

Country

**33025 FLA U.S.A**

**33025 FLA U.S.A**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1060914**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NJIE, SAJUKA  
1142 SW 122ND AVE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **NJIE, SAJUKA**  
STREET ADDRESS **1142 SW 122ND AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE **V** ☒ Delete  
NAME **JOHNSON, BRYNT**  
STREET ADDRESS **324 SW 80TH AVE.**  
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAJUKA NJIE** **5/1/03**  
**(954) 4329017**

Date

Daytime Phone #

CR2E034 (10/02)