

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000006742**

Entity Name

ENGINE Tech Machine Shop Inc



Principal Place of Business

**1701 WEST 31 PLACE
HAILEAH FL 33012**

Mailing Address

**1701 WEST 31 PLACE
HAILEAH FL 33012**

Principal Place of Business

3. Mailing Address

8758 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Zip

33174

Country

USA

4. FEI Number

65-1070193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Name

**SERGIO GONZALEZ
6210 SW 163 PLACE
Miami FL 33193**

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

City

FL

Zip Code

CHECK HERE IF MAKING CHANGES

✓ 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

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

0. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	GONZALEZ, SERGIO 6210 SW 163 PLACE Miami FL 33193		NAME	
CITY-ST-ZIP			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
NAME	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS	
CITY-ST-ZIP			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

4/28/02

Date

Florida Department of State

CR2E034 (10/02)