

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90368 041 ***150.00

0362789 AV

DOCUMENT # P01000034595

1. Entity Name
FISCH & FISCH ENGINEERING, INC.



Principal Place of Business
2645 EXECUTIVE PARK DRIVE
SUITE 148
WESTON FL 33326
US

Mailing Address
P O BOX 267571
WESTON FL 33326
US

2. Principal Place of Business
International Consulting & Real Estate
Suite, Apt. #, etc. *Lakeview Lakes*

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip Country

Zip Country

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

EDLICH, BRYAN L
773 NW 156 AVENUE
PEMBROKE PINES FL 33028

Name *Rafael S. Garcia Sr. Esq.*
Street Address (P.O. Box Number is Not Acceptable)
2645 Executive Park Drive
Weston
City *Weston* FL Zip Code *33326*

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]* DATE *4-30-03*

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 - NAME	VPCO EDLICH, BRYAN L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	773 NW 156 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE - NAME	VP GARCIA, RAFAEL S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	601 SPINNAKER	
CITY-ST-ZIP	WESTON FL 33326	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE - NAME	RAFAEL S GARCIA SR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	601 SPINNAKER, Weston FL 33326	
CITY-ST-ZIP	PRESIDENT & CEO	
TITLE - NAME	ORIDIO BLANCO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2645 Executive Park Drive	
CITY-ST-ZIP	Vice President and COO	
TITLE - NAME	Vice President BRYAN L EDLICH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	773 NW 156 Ave	
CITY-ST-ZIP	Pembroke Pines FL 33028	
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)