

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035078

1. Entity Name
ENGINEERINGADVICE, INC.

Principal Place of Business Mailing Address
313 NORTH COUNTRY CLUB BOULEVARD 313 NORTH COUNTRY CLUB BOULEVARD
BOCA RATON FL 33487 BOCA RATON FL 33487

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 65-1091904 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name AROCKIASAMY, M-
Street Address (P.O. Box Number is Not Acceptable)
313 N. COUNTRY CLUB BLVD.
City BOCA RATON FL Zip Code 33487

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

1/7/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE PD
NAME AROCKIASAMY, MOHAN
STREET ADDRESS 313 NORTH COUNTRY CLUB BOULEVARD
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE VSTD
NAME AROCKIASAMY, MADASAMY
STREET ADDRESS 313 NORTH COUNTRY CLUB BOULEVARD
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE V
NAME JAGANNATHAN, VENKATAKRISHAN
STREET ADDRESS 313 NORTH COUNTRY CLUB BOULEVARD
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

SIGNATURE: M. AROCKIASAMY, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (561) 912-1209
Date Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90004 048 ***150.00



DO NOT WRITE IN THIS SPACE

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