

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90444 032 ***158.50

DOCUMENT # PO-1000068929

1. Entity Name

CFA ENGINEERING, INC.

DO NOT WRITE IN THIS SPACE

671719

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17400 N.W. 17th Avenue

Suite, Apt. #, etc.

Miami, Florida 33056

City & State

Zip

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

90-0007867

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Cayetano Fl. Alfonso

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

17400 N. W. 17th Avenue

City

Miami

FL

Zip Code

33056

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 C. F. Alfonso

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

C.F. Alfonso

(NOTE: Registered Agent Signature required when reinstating)

05/17/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$450.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Cayetano F. Alfonso
STREET ADDRESS 17400 N.W. 17 Ave
CITY-ST-ZIP Miami, FL 33056

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.F. Alfonso President

05/17/02

Date

Daytime Phone #

305-624-1166