

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90092 035 ***550.00

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DOCUMENT # P01000084732

1. Entity Name

BACHMANN MECHANIC ENGINEERING, CORP.



Principal Place of Business

**350 SW 122 CT.
MIAMI FL 33184**

Mailing Address

**350 SW 122 CT.
MIAMI FL 33184**

2. Principal Place of Business

13258 SW 30 STR.

Suite, Apt. #, etc.

3. Mailing Address

13258 SW 30 STR.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

Country

City & State

MIAMI FLORIDA

Zip

Country

4. FEI Number

65-1133025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BACHMANN, EDUARDO
350 SW 122 CT.
MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name **BACHMANN, EDUARDO**

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

13258 SW 30 STR.

City **MIAMI**

FL

Zip Code **33175**

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

Edu Bachmann

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BACHMANN, EDUARDO	
STREET ADDRESS	350 SW 122 CT.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BACHMANN, EDUARDO	
STREET ADDRESS	13258 SW 30 STR.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMANN, EDUARDO	
STREET ADDRESS	13258 SW 30 STR.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edu Bachmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-10-03 305-207-6373

CR2E034 (4/03)