

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90076 011 ***150.00

DOCUMENT # P01000103122

1. Entity Name

GLOBAL CONSULTING ENGINEERS, INC.

Principal Place of Business

**3492-B POLYNESIAN ISLE BLVD
 KISSIMMEE FL 34746**

Mailing Address

**P.O. BOX 770847
 ORLANDO FL 32877-0847**

001000340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3700 34th Street, Suite 220

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, Florida

Zip **32805** Country **USA**

Zip Country

4. FEI Number

GIN 59-3753276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CODON, RICHARD P
 3492-B POLYNESIAN ISLE BLVD
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **MARWAN A. SAYYED**
 CITY-ST-ZIP **3700 34th Street, Suite 220**
Orlando, FL 32805

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Moham Juhara**
 CITY-ST-ZIP **3700 34th Street, Suite 220**
Orlando, FL 32805

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Maher A. Sayyed**
 CITY-ST-ZIP **3700 34th Street, Suite 220**
Orlando, FL 32805

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

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

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

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: **MARWAN A. SAYYED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 407-835-9766

CR2E034 (9/01)