

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90219 032 ***150.00

DOCUMENT # P02000057045

1. Entity Name
THE ENGINEERING CONSULTING GROUP P.A.



Principal Place of Business
6457 S.W. 10TH TERRACE
WEST MIAMI FL 33144

Mailing Address
6457 S.W. 10TH TERRACE
WEST MIAMI FL 33144



2. Principal Place of Business
5001 S.W. 74TH COURT

3. Mailing Address
5001 S.W. 74TH COURT

Suite, Apt. #, etc.
SUITE 209

Suite, Apt. #, etc.
SUITE 209

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33155

Country
MIAMI-DADE

Zip
33155

Country
MIAMI-DADE

4. FEI Number
02-0607087

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

RODRIGUEZ, ERNESTO
6457 S.W. 10TH TERRACE
WEST MIAMI FL 33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

P ☐ Delete
RODRIGUEZ, ERNESTO
6457 SW 10 TERR
MIAMI FL 33144

VD ☐ Delete
RODRIGUEZ, NIDIA
6457 SW 10 TERR
MIAMI FL 33144

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ 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

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☐ Change ☐ Addition
TITLE
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 (305) 162 8180

Date Daytime Phone #

CR2E034 (10/02)