2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # P25465** HERNANDEZ ENGINEERING, INC. 01-26-2000 90048 038 ***150.00 Mailing Address Principal Place of Business 17625 EL CAMINO REAL 17625 EL CAMINO REAL SUITE 200 SUITE 200 HOUSTON TX 77058-3075 HOUSTON TX 77058-0051 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 76-0034519 Not ≏; \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITI F TITLE □ Delete HERNANDEZ, MIGUEL A., JR NAME NAME STREET ADDRESS 17625 EL CAMINO REAL 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX** ☐ Change TITLE ☐ Delete TITLE NAME HERNANDEZ, TERESITA Z. NAME STREET ADDRESS 17625 EL CAMINO REAL 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX** Direction of the _ · · · · TIŤLĒ --- Detete TITLE NAME HERNANDEZ, TERESITA Z. NAME STREET ADDRESS 17625 EL CAMINO REAL 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Delete ☐ Change TITLE HAMMACK, JEROME B. NAME STREET ADDRESS STREET ADDRESS 126 PINE SHADOWS DR. CITY-ST-ZIP CITY-ST-7IP SEABROOK TX □ ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.