

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90050 009 \*\*\*150.00

DOCUMENT # P34418

1. Entity Name

BARD, RAO + ATHANAS CONSULTING ENGINEERS, INC.

Principal Place of Business

Mailing Address

1320 SOLDIERS FIELD RD 1320 SOLDIERS FIELD RD  
 BOSTON, MA 02135 BOSTON, MA 02135

A0036142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2578380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DIRENZO, MARCO

4288 NW 83 LN

CORAL SPRINGS, FL 33065

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCP  
 NAME BARD, EUGENE M. ☐ Delete  
 STREET ADDRESS 40 BATTERY STREET APT. 309  
 CITY - ST - ZIP BOSTON, MA 02109

TITLE DV  
 NAME RAO, ARJUN B. ☐ Delete  
 STREET ADDRESS 5 JOHN HOSMER LANE  
 CITY - ST - ZIP LEXINGTON, MA

TITLE DC  
 NAME ATHANAS, THEODORE ☐ Delete  
 STREET ADDRESS 36 RAYNOR ROAD  
 CITY - ST - ZIP SUDBURY, MA

TITLE T  
 NAME BARD, EUGENE M. ☐ Delete  
 STREET ADDRESS 40 BATTERY STREET APT. 309  
 CITY - ST - ZIP BOSTON, MA 02109

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #