

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90029 027 ***150.00

0195061 AV

DOCUMENT # P34750

1. Entity Name
AVITAS ENGINEERING, INC.

Principal Place of Business

**5040 NW 7TH ST
 #900
 MIAMI FL 33126
 US**

Mailing Address

**5040 NW 7TH ST
 #900
 MIAMI FL 33126
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0266003**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **ODP NELSON, LAUREN B.**
 STREET ADDRESS **5040 NW 7TH ST, #900**
 CITY-ST-ZIP **MIAMI FL 33126-3436**

TITLE ☐ Change ☒ Addition
 NAME **D JOHN HANSEN**
 STREET ADDRESS **14520 AVION PARKWAY, #220**
 CITY-ST-ZIP **CHANTILLY, VA 20151**

TITLE ☒ Delete
 NAME **D CARLSEN, CARL ARNE**
 STREET ADDRESS **815 N.W. 57TH AVE. #203**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☒ Addition
 NAME **D DOUG KELLY**
 STREET ADDRESS **14520 AVION PKWY, #220**
 CITY-ST-ZIP **CHANTILLY, VA 20151**

TITLE ☒ Delete
 NAME **D VITALE, JOHN**
 STREET ADDRESS **14520 AVION PKWY, #220**
 CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE ☐ Change ☒ Addition
 NAME **DOST VITALE JOHN**
 STREET ADDRESS **14520 AVION PARKWAY, #220**
 CITY-ST-ZIP **CHANTILLY, VA 20151**

TITLE ☐ Delete
 NAME **VPO NAJMABADI, ROYA**
 STREET ADDRESS **14520 AVION PKWY, #220**
 CITY-ST-ZIP **CHANTILLY VA 20151**

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

TITLE ☒ Delete
 NAME **STO BOYGARD, HAVARD**
 STREET ADDRESS **16340 PARK TEN PLACE, #100**
 CITY-ST-ZIP **HOUSTON TX 77084**

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

TITLE ☒ Delete
 NAME **D SHAW, STEPHEN**
 STREET ADDRESS **16340 PARK TEN PLACE, #100**
 CITY-ST-ZIP **HOUSTON TX 77084**

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: *Roya Najmabadi* **ROYA NAJMABADI** 4/18/02 703-476-2300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)