2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000002724** Apr 24, 2000 8:00 am Secretary of State CAMPANILE ENGINEERING CO. 04-24-2000 90085 048 ***158.75 Principal Place of Business Mailing Address 1443 S. MIAMI AVE., SUITE B 1443 S. MIAMI AVE., SUITE B MIAMI FL 33130-4316 MIAMI FL 33130-6125 3. Mailing Address 2. Principal Place of Business 6420 S.W. 147th Street 6420 S. W. 147th St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Miami, Florida Miami, Florida 4. FEI Number 65-0574188 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33158 33158 Miami-Dade Miami-Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Campanile, Louis R. CAMPANILE, LOUIS R Street Address (P.O. Box Number is Not Acceptable) 6420 S.W. 14/Lh Street 1443 S. MIAMI AVE SUITE B **MIAMI FL 33130** Zip Code City Mi ami 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. Low & Camponly Ionis R. Campanile, HD 4-18-00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE PD TITLE Campanile, Louis R. 6420 S.W. 147th Street CAMPANILE, LOUIS R NAME NAME STREET ADDRESS STREET ADDRESS 1443 S. MIAMI AVE., STE B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 <u>Miami, Florida 33158</u> Change ☐ Addition VPD ☐ Delete TITLE **VPD** TITLE CAMPANILE, ANTHONY NAME NAMÉ Campanile, Anthony STREET ADDRESS 6420 S.W. 147th Street Miami, Florida 33158 STREET ADDRESS 1443 S. MIAMI AVE., STE B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 -Change □ Addition ☐ Delete TITLE TITLE CAMPANILE, EVELINE NAME Campanile, Eveline NAME 6420 S.W. 147th Street Miami, Florida 33158 STREET ADDRESS STREET ADDRESS 1443 S. MIAMI AVE., STE B CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33130 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE 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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4_18_00

(305) 971_1988

Daytime Phone #

CR2E034 (9/9