

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95600018077**

1. Entity Name

FCE ENGINEERING, INC.

Amend AR

FILED

00 JUL 24 AM 11:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

7035 S.W. 47th Street
Suite D
Miami, FL 33155

7035 S.W. 47th Street
Suite D
Miami, FL 33155

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

65-0564072

Applied

Not App

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Cofino, Pedro A P.A.
407 Lincoln Road
Suite 2B
Miami Beach, Florida 33139

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) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Mo.
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Delete
NAME Vega, Jose
STREET ADDRESS 7035 S.W. 47th Street - Suite D
CITY-ST-ZIP Miami, Florida 33155

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

TITLE VPS ☐ Delete
NAME Reyes, Elina
STREET ADDRESS 7035 S.W. 47th Street-Suite D
CITY-ST-ZIP Miami, Florida 33155

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

TITLE VP ☐ Delete
NAME Escalona, Felix
STREET ADDRESS 7035 S.W. 47th Street - Suite D
CITY-ST-ZIP Miami, Florida 33155

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T/16/2000

(305) 665-7979

Date

Daytime Phone #

KE