

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018077

1. Entity Name

FCE ENGINEERING, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90263 049 ***158.75

Principal Place of Business

7035 S.W. 47 STREET
SUITE E
MIAMI FL 33155

Mailing Address

7035 S.W. 47 STREET
SUITE E
MIAMI FL 33155-4626

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0564072

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COFINO, PEDRO A PA
407 LINCOLN ROAD
SUITE 2B
MIAMI BEACH FL 33139

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) ☐

FIRE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE: ~~PVTD~~
NAME: ~~ESCALONA, FELIX C~~
STREET ADDRESS: ~~7035 SW 47TH ST STE D~~
CITY-ST-ZIP: ~~MIAMI FL 33155~~

☒ Delete

TITLE: VPS
NAME: REYES, ELINA
STREET ADDRESS: 7035 SW 47TH ST STE D
CITY-ST-ZIP: MIAMI FL 33155

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TITLE: VP
NAME: VEGA, JOSE
STREET ADDRESS: 7035 SW 47TH ST STE D
CITY-ST-ZIP: MIAMI FL 33155

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TITLE:
NAME:
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STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: VEGA JOSE
STREET ADDRESS: 7035 SW 47th St. Ste D
CITY-ST-ZIP: MIAMI FL 33155

☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

☐ Change ☐ Addition

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: 5/16/01 Daytime Phone # 665 7979