2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000046473** Sep 13, 2000 8:00 am Secretary of State SP ENGINEERING, INC. 09-13-2000 90023 005 ***550.00 Principal Place of Business Mailing Address 3440 HOLLYWOOD BOULEVARD 3440 HOLLYWOOD BOULEVARD **SUITE 470** SUITE 470 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0588128 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BOULEVARD 1600 MIAMI CENTER **MIAMI FL 33131** 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) . П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE NAETER, HANS-CHRISTIAN NAME NAME 3440 HOLLYWOOD BOULEVARD, SUITE 470 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director person as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with the indicated on this report or supplementar report is the indicated on this report of supplementary report is the indicated on the supplementary report is of the corporation or the receiver of changed, or on an attachment with

HAMS-CHRISTIAN

SIGNATURE: