

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90824 003 ***150.00

DOCUMENT # P95000061489

1. Entity Name

THE FINANCIAL ENGINEERING GROUP, INC.

Principal Place of Business

1489 W. PALMETTO PK RD
455
BOCA RATON FL 33486
US

Mailing Address

1489 W. PALMETTO PK RD
455
BOCA RATON FL 33486
US

2. Principal Place of Business

200 W. Palmetto Pk Rd, 200 W. Palmetto Pk Rd.

3. Mailing Address

200 W. Palmetto Pk Rd, 200 W. Palmetto Pk Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton 33432 Boca Raton FL

City & State

Boca Raton FL

Zip

Country

Zip

Country

FL

USA

33432

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0703965

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOTTLIEB, ALLYNE M.
21347 HARROW COURT
BOCA RATON FL 33433

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DCEO ☐ Delete
NAME GOTTLIEB, ALLYNE M
STREET ADDRESS 21347 HARROW COURT
CITY-ST-ZIP BOCA RATON FL 33433TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DPST ☐ Delete
NAME SILVER, RITA M
STREET ADDRESS 21347 HARROW CT
CITY-ST-ZIP BOCA RATON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Daytime Phone #

CR2E034 (10/00)