

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075477

1. Entity Name  
NODALCO ENGINEERING INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90146 003 \*\*\*150.00

Principal Place of Business

4582 N HIATUS RD  
SUNRISE FL 33351  
US

Mailing Address

4582 N HIATUS RD  
SUNRISE FL 33351  
US

2. Principal Place of Business

10316 NW 55<sup>th</sup> ST  
Suite, Apt. #, etc.

3. Mailing Address

10316 NW 55<sup>th</sup> ST  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

65-0615955

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

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

NODAL, CARLOS A  
11110 NW 20TH CT  
SUNRISE FL 33322

Name

CARLOS A. NODAL

Street Address (P.O. Box Number is Not Acceptable)

11262 SW 25<sup>th</sup> COURT

City

DAVIE

FL

Zip Code

33325

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]*

CARLOS A. NODAL, PRESIDENT

4-20-01

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 State**

10. 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	P	<input type="checkbox"/> Delete
NAME	NODAL, CARLOS A PE	
STREET ADDRESS	4582 N HIATUS RD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	NODAL, KARRI A	
STREET ADDRESS	11262 SW 25 CT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* CARLOS A. NODAL, PRESIDENT

Date

Daytime Phone #

954-  
741-2572

CR2E034 (10/00)