

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91272 032 \*\*\*150.00

**DOCUMENT # P96000007122**

1. Entity Name

**APPLIED ENGINEERING CONCEPTS, INC.**

Principal Place of Business

19640 SW 14 CT.  
 PEMBROKE PINES FL 33029  
 US

Mailing Address

19640 SW 14 CT.  
 PEMBROKE PINES FL 33029  
 US

2. Principal Place of Business

6210 N.W. 173 St

3. Mailing Address

6210 N.W. 173 St

Suite, Apt. #, etc.

SUITE 815

Suite, Apt. #, etc.

SUITE 815

City & State

Miami FL

City & State

Miami FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-0637507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, LEIGH B

19640 SW 14 CT.

PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

Myriam P. Valencia R.

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

6210 N.W. 173 St. Suite 815

City

Miami

FL

Zip Code

33015

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

*Myriam P. Valencia R.*

Myriam P. Valencia R.

04-30-02

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, 2002 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 PVD  
 NAME SANCHEZ, LEIGH B ☒ Delete  
 STREET ADDRESS 19640 SW 14 CT.  
 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE SD  
 NAME SANCHEZ, MANUEL ☒ Delete  
 STREET ADDRESS 19640 SW 14 CT.  
 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE T  
 NAME WHITFIELD, KELVYN ☐ Delete  
 STREET ADDRESS 1002 NE 116 ST  
 CITY-ST-ZIP N MIAMI FL 33161

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD  
 NAME Valencia, Myriam P ☐ Change ☒ Addition  
 STREET ADDRESS 6210 N.W. 173 St. Suite 815  
 CITY-ST-ZIP Miami, FL. 33015

TITLE SD  
 NAME Marin, Juan C. ☐ Change ☒ Addition  
 STREET ADDRESS 6210 N.W. 173 St. Suite 815  
 CITY-ST-ZIP Miami, FL. 33015

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

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

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

TITLE ☐ 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

Date

Daytime Phone #

04-30-02

CR2E034 (9/01)