2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016058

1. Entity Name

SIE NORE ENGINEERING COMPANY

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2:17

300004657623--4
-10/29/01--01076--009
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1431 N. PALM AVE. PEMBROKE PINES, FL 33026	(same) 1431 N. PALM AVE. PEMBROKE PINES, FL 33026

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0649974 ☐ 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
John P. Joseph 1431 N. Palm Ave Pembroke Pines, FL 33026	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 N/A
(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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CRAIG S. RANDOLPH 8995 N.W. 1ST AVE. MIAMI, FL 33150		TITLE P/T NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & TREASURER JOHN P. JOSEPH 1431 N. PALM AVE. PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SILVIA JORRIN 1431 N. PALM AVE. PEMBROKE PINES, FL 33026	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RAE-ANN R. JUBA 5248 N.W. 186TH ST. OPA LOCKA, FL 33055	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARLOS PLACERES, P.E. 1431 N. PALM AVE. PEMBROKE PINES, FL 33026	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CRAIG S. RANDOLPH, G.C. 1431 N. PALM AVE. PEMBROKE PINES, FL 33026	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARILYN MAGWOOD 11770 N.W. 10 AVE. MIAMI, FL	☐ Change ☒ Addition SP

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: X Marilyn Magwood 10-25-01 954-885-8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BY: MARILYN MAGWOOD (D)