2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE

address, with all other like empowered

Jan 18, 2002 8:00 am P96000054160 DOCUMENT # **Secretary of State** 1. Entity Name 01-18-2002 90004 042 ***158.75 FERCO ENGINEERING, INC. Principal Place of Business Mailing Address 7103 SW 143 PLACE 7103 SW 143 PLACE MIAM! FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address <u>6401 SW 87 Ave</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ıΑ City & State City & State Applied For 4. FEI Number 65-0678197 Florida liamı Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent-6: Name and Address of Current Registered Agent Name TANDRON, MARIA G Street Address (P.O. Box Number is Not Acceptable) 7103 SW 143 PLACE MIAMI FL 33183 City Zip Code FL 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, 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 \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE CR2E034 (9/01 TANDRON, MARIA G NAME NAME 7103 SW 143 PLACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change ☐ Addition MARTINEZ, CARLOS E NAME NAME STREET ADDRESS 7103 SW_143 PLACE STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 feeelver of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

<u> 10 - 10 - 02 (305)271 - 8300</u>