## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000101712

1. Entity Name

GBF ENGINEERING, INC.



## FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90127 043 \*\*\*158.75

Principal Place of Business
3305 NW 55TH ST. BLDG. 14
FT. LAUDERDALE FL 33309

Mailing Address

3305 NW 55TH ST. BLDG. 14 FT. LAUDERDALE FL 33309

2. Principal Place of Business 3305 N.LV. 55 St. 3	3. Ma	ailing Address	SS.A-BK	Da. 14	f 11001100111	# 14L19 41111 VVIII	O CELL O DE LA LIGER BOLL	#	1014 1141 1081
Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State	FC For	y & State  + Courder	Dale A	٦. 4	. FEI Number	65-071503		No	olied For Applicable
33309 Brown	ard 3	3309 -	30 in		Certificate of S	Status Desired		<b>8.75</b> Add e Required	
6. Name and Address	. Name and Ad	Name and Address of New Registered Agent							
DILMAGHANI, GLADYS SOTO Dilmaghani, Gladys Soto Dilmaghani Gladys Soto  9248 N.W. 49TH PLACE 12737 N.W. 18th Place Street Address (1) Box Number is Not Acceptable)									
SUNRINE FL 33351	oral Spr	22 00 1		$\angle$					
Change The Society of FL 330 7/									
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. I am familiar with, and accept the philipping of registered agent, or both, in the State of Florida.									
signature lacing agent of Dimaghasi.									
SIGNATURE Signature, typed apprinted name of	registered agent and tile if an		egistered Agent signatur	e required whe	n reinstating)		DATE	Jea	
FILE NOW!!! FEE IS \$					9. Election	on Campaign	Financing	\$5.0	May Be
After May 1, 2003 Fee will to Make Check Payable to Florida De					Trust F	und Contribu	ition.	Added	to Fees
10. OFF	FICERS AND DIRECTO	ORS	11.				FFICERS AND D	IRECTORS	IN 11
TITLE P		☐ Delete			ghani-			Change	☐ Addition
NAME DILMAGHANI-SOTO, (		Dies!	NAME STREET ADDRESS	ه ددا	nw.	, 16 Th	place	· •	-1
STREET ADDRESS 9248 N.W. 49TH PLACE SUNRISE FL. 33351	JE 7,065		CITY-ST-ZIP	cora	(Spra	rgp, u	Floriala	L -3:	00 //
TITLE V		☐ Delete	TITLE				[	Change	Addition
NAME HOSSEINI, HAMID			NAME						
STREET ADDRESS 18260 N. BAY RD #3	10		STREET ADDRESS			•			
CITY-ST-ZIP N. MIAMI FL 33160			CITY-ST-ZIP					Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP			CITÝ-ST-ZIP						
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF SIGNA

1-6-2003 (954) 735-685 Date Daytime Phone #