FILED Feb 11, 2002 8:00 am Secretary of State

02-11-2002 90007 041 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR	2002	UNIFORM	BUSINESS	REPORT	(UBR
-----------------------------------	------	---------	-----------------	---------------	------

DOCUMENT # P96000102153 1. Entity Name

JORGE R. CERVANTES, PE, INC.

Principal Plac	ce of Business		Mailing Address							
107 SW 1ST DANIA BEACH			7120 S.W. 20TH ST. PLANTATION FL 33317			·				
2. Principal P	Place of Business 5U 151 STREET	_ 3	. Mailing Address	<u> </u>						
Suite, Apt.			Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SI	PACE		
City & Stat			City & State		4. FE	Number 65-0713225			oplied For ot Applicable	7
Zip 3.300	04 0.5.A.		Zip Table 1	Country	5 . Ce	ertificate of Status Desired		8.75 Add ee Require]
	6. Name and Address of		istered Agent		7. Na	me and Address of New R	egistered A	gent		1
				Name						7
CERVANT	res, jorge r			0: 1111	/B.O. B	N	`			4
	/. 20TH ST.			Street Addres	ss (P.O. Bo	x Number is Not Acceptable)			
	10N FL 33317			-						1
PLANIAII	IUN FL 3331/									1
				City			FL	Zip Cod	е	ı
8 The above	e named entity submits this state	ement for the	nurnose of changing its	registered office or regis	stered ager	nt or both in the State of Flo	rida			1
•• •••	That had a thirty additional time attack	O/1.011(101 1.110	purpose of criainging no	rogistored emice of regit	otorou agot	in, or boin, in the state of the				
SIGNATURE										
SIGNATURE .	Signature, typed or printed name of register	tered agent and tit	tle if applicable. (NOTE	: Registered Agent signature requ	uired when rein:	stating)	DATE			
										1
			EU E NOW!	* CEE 10 6450 00		 				7
•	oration is eligible to satisfy its In	- 1		! FEE IS \$150.00	n	10. Election Campaign Fina		\$5.0	0 May Be	
Tax filing i	oration is eligible to satisfy its In requirement and elects to do so ria on back)	- 1	After May 1, 200	2 Fee will be \$550.0		10. Election Campaign Fina Trust Fund Contribution			May Be	
Tax filing i (See critei	requirement and elects to do so ria on back)	o	After May 1, 200 Make Check Payab	2 Fee will be \$550.0 le to Department of \$	State	Trust Fund Contribution	n.	Added	to Fees	
Tax filing (See criter	requirement and elects to do so ria on back) OFFICEI	o	After May 1, 200 Make Check Payabl	2 Fee will be \$550.0 le to Department of \$	State	· -	CERS AND	Added	d to Fees S IN 11	-
Tax filing (See criter	requirement and elects to do so ria on back) OFFICEI	o	After May 1, 200 Make Check Payab	2 Fee will be \$550.0 le to Department of \$ 12. TITLE	State	Trust Fund Contribution	CERS AND	Added	to Fees	10/0/
Tax filing i (See criter) 11. TITLE NAME	requirement and elects to do so ria on back) OFFICEI DP CERVANTES, JORGE R	o	After May 1, 200 Make Check Payabl	2 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME	State	Trust Fund Contribution	CERS AND	Added	d to Fees S IN 11	10,04
Tax filing (See criter	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl	2 Fee will be \$550.0 le to Department of \$ 12. TITLE	State	Trust Fund Contribution	CERS AND	Added	d to Fees S IN 11	10004
Tax filing i (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	requirement and elects to do so ria on back) OFFICEI DP CERVANTES, JORGE R	o	After May 1, 200 Make Check Payabl ECTORS Delete	12 Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition	000000000000000000000000000000000000000
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl	12 Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State	Trust Fund Contribution	CERS AND	Added	d to Fees S IN 11	ODOTODA (0/04)
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete	12 Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition	000000000000000000000000000000000000000
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete	12 Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition	ODOTODA (0/04)
Tax filing i (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete	2 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition Addition	ODOFOR (O/O4)
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete	12 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition	ODOTODA (O/O4)
Tax filing i (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete	2 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition Addition	ODOLOGO (O)
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete	12 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition Addition	ODOFFOR WAY
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete	12 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition Addition Addition	7 1000 1000 1000 1000 1000 1000 1000 10
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete	12 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition Addition	ODOLOGO (OCO)
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete	12 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition Addition Addition	1000 ACCOUNT
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete	12 Fee will be \$550.0 Is to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition Addition Addition	ODD-001/0/04/
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete Delete	12 Fee will be \$550.0 Is to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution	CERS AND	Addec DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition	OBOSTORY (MICH.)
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete	12 Fee will be \$550.0 le to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	State	Trust Fund Contribution	CERS AND	Addec	d to Fees S IN 11 Addition Addition Addition	ODOROGO (NOVO)
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE	OFFICEI DP CERVANTES, JORGE R 7120 S.W. 20TH ST.	o	After May 1, 200 Make Check Payabl ECTORS Delete Delete Delete	12 Fee will be \$550.0 Is to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State	Trust Fund Contribution	CERS AND	Addec DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition	

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 the empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-22-02

☐ Change

Addition