

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000051943**

1. Entity Name

ADVANCE ENGINEERING & TESTING CONSULTANTS, INC.**FILED**
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90257 046 ***158.75

Principal Place of Business

Mailing Address

751 E. OKEECHOBEE ROAD
HIALEAH FL 33010
USP.O. BOX 491
HIALEAH FL 33011
US

2. Principal Place of Business

7661 N.W. 68 St. # 127

3. Mailing Address

P.O. Box 3561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - Dade, FL

City & State

Hallandale- FL

4. FEI Number

65-0700309

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33008

Country

U.S.A.

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**RAMIREZ, ALBERTO
751 E. OKEECHOBEE ROAD
HIALEAH FL 33010

Name

Ramirez, Alberto

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

7661 N.W. 68 St. # 127

City

Miami - Dade

FL

Zip Code
33166

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **P** ☐ Delete
NAME **RAMIREZ, ALBERTO**
STREET ADDRESS **751 OKEECHOBEE ROAD**
CITY-ST-ZIP **HIALEAH FL 33010**TITLE **P** ☒ Change ☐ Addition
NAME **Ramirez Alberto**
STREET ADDRESS **7661 N.W. 68 St. # 127**
CITY-ST-ZIP **Miami-Dade, FL**TITLE **V** ☐ Delete
NAME **LONDONO, ROCIO**
STREET ADDRESS **751 OKEECHOBEE ROAD**
CITY-ST-ZIP **HIALEAH FL 33010**TITLE **V** ☒ Change ☐ Addition
NAME **Londono Rocio**
STREET ADDRESS **7661 N.W. 68 St. # 127**
CITY-ST-ZIP **Miami-Dade-FL**TITLE **T** ☒ Delete
NAME **WEBB, WAYNE**
STREET ADDRESS **751 OKEECHOBEE ROAD**
CITY-ST-ZIP **HIALEAH FL 33010**TITLE **T** ☒ Change ☐ Addition
NAME **Edgar A. Ramirez**
STREET ADDRESS **7661 N.W. 68 St. # 127**
CITY-ST-ZIP **Miami-Dade FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 an other like empowered.

SIGNATURE:**ALBERTO RAMIREZ - COMEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/00

Date

(305) 606-3408

Daytime Phone #

CR2E034 (9/99)