

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90099 021 ***158.75

DOCUMENT # P97000051943

1. Entity Name

ADVANCE ENGINEERING & TESTING CONSULTANTS, INC.

Principal Place of Business

Mailing Address

7661 NW 68 ST
 # 127
 MIAMI FL 33166
 US

PO BOX 3561
 HALLANDALE FL 33008
 US

00027730

2. Principal Place of Business

3. Mailing Address

17701 N.W. 137 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - DADE FL.

City & State

4. FEI Number

65-0700309

Applied For

Not Applicable

Zip

Country

Zip

Country

33018-6408 MIAMI - DADE

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
7661 NW 68 ST
127
MIAMI FL 33166

Name

RAMIREZ, ALBERTO

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

2500 PARK VIEW DR. APT # 1716

City

HALLANDALE

FL

Zip Code

33009

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, 2001 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	P RAMIREZ, ALBERTO 7661 NW 68 ST # 127 MIAMI-DADE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ ALBERTO P.E. P.O. BOX 3561 HALLANDALE - FL 33008 U.S.A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONDONO, ROCIO 7661 NW 68 ST # 127 MIAMI-DADE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONDONO ROCIO P.O. BOX 3561 HALLANDALE - FL 33008 U.S.A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, EDGAR A 7661 NW 68 ST # 127 MIAMI-DADE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, EDGAR A. P.O. BOX 3561 HALLANDALE, FL 33008 U.S.A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. WEBB, WAYNE P.E. P.O. BOX 3561 HALLANDALE, FL 33008 U.S.A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/01 (305) 606-3408

Date

Daytime Phone #

CR2E034 (10/00)