

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000090913

1. Entity Name
ENVIRONMENTAL ENGINEERING GROUP CORPORATION

FILED

02 NOV 26 PM 5:32

Principal Place of Business

9010 S.W. 137 AVE., #222
MIAMI FL 33178

Mailing Address

9010 S.W. 137 AVE., #222
MIAMI FL 33178

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0798281

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KUNCZ, VANESSA
9010 S.W. 137 AVE., #222
MIAMI FL 33178

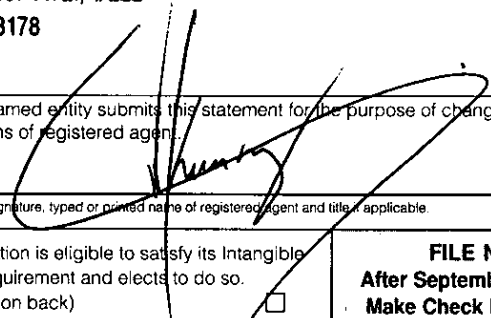
Name

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

City

FL Zip Code

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 obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/25/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 VS
NAME KUNCZ, KARLA
STREET ADDRESS 9010 S.W. 137 AVE., #222
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS 600008726346
CITY-ST-ZIP 11/27/02--01108--019 **200.00 ☐ Change ☐ Addition

TITLE PD
NAME KUNCZ, VANESSA
STREET ADDRESS 9010 S.W. 137 AVE., #222
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS 600008726346
CITY-ST-ZIP 10/31/02--01047--013 **550.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

10/25/02 786-344-1136
Date Daytime Phone #

CR2E034 (4/02)