

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094439

1. Entity Name

ENGINEERING BUILDING TECHNOLOGIES, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90226 033 \*\*\*150.00

Principal Place of Business

318 INDIAN TRACE  
SUITE 263  
WESTON FL 33326  
US

Mailing Address

318 INDIAN TRACE  
SUITE 263  
WESTON FL 33326-2996  
US

2. Principal Place of Business

PMB 263

3. Mailing Address

PMB 263

Suite, Apt. #, etc.

318 Indian Trace

Suite, Apt. #, etc.

318 Indian Trace

City & State

Weston, FL

City & State

Weston, FL

Zip

33326 Broward

Zip

33326 Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAEZA, ALICE HANDAL  
318 INDIAN TRACE  
SUITE 263  
WESTON FL 33326

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.

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 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	P	<input type="checkbox"/> Delete
NAME	BAEZA, ALICE HANDAL	
STREET ADDRESS	318 INDIAN TRACE, SUITE 263	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAEZA, RALPH	
STREET ADDRESS	318 INDIAN TRACE, SUITE 263	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 (354) 389 7212

CR2E034 (9/99)