

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91554 017 ***150.00

DOCUMENT # P97000094439

1. Entity Name

ENGINEERING BUILDING TECHNOLOGIES, INC.

Principal Place of Business

PMB 263* 318 INDIAN TR
 WESTON, FLORIDA 33326

Mailing Address

PMB 263* 318 INDIAN TR
 WESTON, FLORIDA, 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0807167

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

BAEZA, ALICE HANDAL

318 INDIAN TRACE

SUITE 263

WESTON, FLORIDA 33326

Name BAEZA, ALICE HANDAL

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

930 OPAL TERRACE

City WESTON

FL

Zip Code 33326

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!!! FEES \$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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAEZA ALICE HANDAL 318 INDIAN TRACE, SUITE 263 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 930 OPAL TERRACE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAEZA, RALPH 318 INDIAN TRACE, SUITE 263 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 930 OPAL TERRACE WESTON, FL 33326
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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

Signature (Block 13)

CR2034 (11/00)