## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9800003436 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** CONTRACT ENGINEERING CONSULTANTS, INC. 03-30-2000 90058 033 \*\*\*150.00 Principal Place of Business Mailing Address 3100 NW 72ND AVE.. #130 3100 NW 72ND AVE., #130 MIAM! FL 33122 MIAMI FL 33122-1336 2. Principal Place of Business 3. Mailing Address 620 to BELMONT Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE OU 2 Applied For City & State City & State 4. FEI Number 65-0804492 CHICAGO Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FICKEL, BERTRAM Street Address (P.O. Box Number is Not Acceptable) 3100 NW 72ND AVE., #130 MIAMI FL 33122 Zip Code FL 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 BERTRAM-FICKEL 26/00 SIGNATURE d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ D∈lete TITLE TITLE NAME FICKEL, BERTRAM STREET ADDRESS STREET ADDRESS 3100 NW 72ND AVE., #130 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ D∈lete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ D∈lete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destrict Phone #

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.