

# 2000 UNIFORM BUSINESS REPORT (UBR)

00021141

DOCUMENT # P98000015253

1. Entity Name

ALLTECH ENGINEERING SERVICES, INC.

FILED

00 JUN 23 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1940 S.E. 2ND STREET  
POMPANO BEACH FL 33060

1940 S.E. 2ND STREET  
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

480 Cypress Road  
Suite, Apt. #, etc.

480 Cypress Road  
Suite, Apt. #, etc.

City & State

City & State

Pompano Beach, FL  
Zip 33060 Country Broward

Pompano Beach, FL  
Zip 33060 Country Broward

4. FEI Number

APPLIED FOR

65-1013380

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

USMAN, G.H.  
1940 S.E. 2ND STREET  
POMPANO BEACH FL 33060

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 D ☐ Delete  
NAME SPENO, ANGELO  
STREET ADDRESS 801 N.W. 49TH WAY  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ Change ☐ Addition  
NAME 700003349647--5  
STREET ADDRESS -08/08/00--01080--006  
CITY-ST-ZIP \*\*\*1376.25 \*\*\*\*150.00

TITLE D ☐ Delete  
NAME USMAN, G.H.  
STREET ADDRESS 1940 S.E. 2ND STREET  
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 #

CR2F034 (9/99)