## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

## DOCUMENT # P98000051205

1. Corporation Name

UNITED	european engineering,	INC.					
Principal Place	of Business	Mailing Address	,		( 1001) £81 110 13101 10111 00111 00111 00111	B( \$)  (B(	#1#1 #111 · · · · ·
9 SW 13TH STREET FORT LAUDERDALE FL 33315 9 SW 13TH STREET FORT LAUDERDALE FL 33315					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 06/09/1998		
Principal Place of Business     2a. Mailing Address				_	4. FEI Number - 2843066		lied For
21		26			65.0043080		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 A	
City & State City & State		<del> </del>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 n Added to	
23 Zip	Country	Zip	Countr	y	8. This corporation owes the current year Ir	itangible	
24	25		30	•	Personal Property Tax.		□No
	9. Name and Address of Current		<del></del>	=	10. Name and Address of New Registered	Agent	
				1 Name			
JOHNSON, SEAN			82	Street Adds	ress (P.O. Box Number is Not Acceptable)	<del></del>	
9 SW 13TH STREET			62	Sileet Addi	ress (r.o. box riginiser is rior riodephasis)		
FORT LAUDERDALE FL 33315			83	3			
Í				4 635		85 Zip C	ode
			84	4 City	F!		ode
office or reagent. I as	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change was autions of, Section 607.0505, Florid	inorized by da Statute	y the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the	intment as reg	istered
	Signature, typed or printed name of registered agen	<u> </u>	13.	Bill styristure require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	, 3,1132,131,113		1.1 TITLE			☐ Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS	2175 ST RD 84		1	ET ADDRESS		•	ļ
l l	1 - A			ST-ZIP			
CITY-ST-ZIP			2.1 TITLE			Change	☐ Addition
i i	— — — — — — — — — — — — — — — — — — —		2.2 NAME				
NAME				ET ADORESS	•		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.4 CITY-	1			}
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	restriction of the second		3.2 NAME		•	, ·	,
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-				Į.
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME 1			4. 2 NAMI	E			
STREET ADDRESS			1	ET ADDRESS			
			4.4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME		_	5.2 NAME				
STREET ADDRESS		•	5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
U117-51-ZIP		□ DELETE	6.1 TITLE			Change	Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapter, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90075 039 \*\*\*150.00