

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90598 028 ***150.00

DOCUMENT # P98000053887
1. Entity Name
INTERNATIONAL ENGINEERING AND CONSTRUCTOR INC.



Principal Place of Business
4995 NW 72ND AVE.
~~STE 407~~
MIAMI FL 33166

Mailing Address
19843 NW 65 CT.
MIAMI FL 33015

2. Principal Place of Business
4995 NW 72ND AVE.
Suite, Apt. #, etc.
STE. 407

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

4. FEI Number **65-0914630**

Applied For
Not Applicable

Zip Country
33166 U.S.A.

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

CRESPO, NERA
5013 NW 112 CT
MIAMI FL 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SUAZO GIOVANNI, MIGUEL ANGEL**
STREET ADDRESS **441 HARVEST OAK COURT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **P** ☒ Change ☐ Addition
NAME **SUAZO GIOVANNINI, MIGUEL ANGEL**
STREET ADDRESS **441 HARVEST OAK COURT**
CITY-ST-ZIP **LAKE MARY, FL. 32746**

TITLE **VP** ☐ Delete
NAME **SOLIDORO CUELLAR, JUAN ANTONIO**
STREET ADDRESS **441 HARVEST OAK COURT**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **P** ☒ Delete
NAME **GIOVANNINI, MIGUEL A**
STREET ADDRESS **441 HARVEST OAK CT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.03.2003 305.592.9569
Date Daytime Phone #

CR2E034 (10/02)