FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90094 030 ***150.00

DOCUMENT # P98000056683

1. Entity Name
GLOBAL ENGINEERING GROUP. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5001 S W. 74TH COURT	
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State
Zip: 33155 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 0864382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OMAR A CHAVEZ

Street Address (P.O. Box Number is Not Acceptable): 4730 SANTA MARIA ST.

City: CORAL GABLES **FL** Zip Code: 33146

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: DP NAME: MILDRED E PACINI STREET ADDRESS: 5001 S W. 74TH COURT CITY-ST-ZIP: MIAMI FLA 33155	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: ANDRES A. ESPINOSA STREET ADDRESS: 11830 S.W 108 TERRACE CITY-ST-ZIP: MIAMI. FLORIDA 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: OMAR A. CHAVEZ STREET ADDRESS: 4730 SANTA MARIA ST. CITY-ST-ZIP: CORAL GABLES. FLORIDA 33146	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: DORA RODRIGUEZ STREET ADDRESS: 10024 S.W. 78TH COURT CITY-ST-ZIP: MIAMI. FLORIDA 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ANDRES A ESPINOSA 5/1/02 (305) 661 0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #