

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90953 040 ***150.00

DOCUMENT # P98000056683

1. Entity Name
GLOBAL ENGINEERING GROUP, INC.



Principal Place of Business
**5001 S.W. 74TH CT.
STE. 210
MIAMI FL 33155**

Mailing Address
**5001 S.W. 74TH CT.
STE. 210
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0864382**

Applied For
Not Applicable

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

**CHAVEZ, OMAR A
4730 SANTA MARIA ST
CORAL GABLES FL 33146**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
NAME **PACINI, MILDRED E**
STREET ADDRESS **5001 SW 74TH COURT SUITE 200**
CITY-ST-ZIP **MIAMI FL 33155**
☐ Delete

TITLE **VP**
NAME **CHAVEZ, OMAR A. JR**
STREET ADDRESS **1717 NORTH BAYSHORE DRIVE UNIT 2452**
CITY-ST-ZIP **MIAMI, FL 33132**
☐ Change ☒ Addition

TITLE **VP**
NAME **ESPINOSA, ANDRES A**
STREET ADDRESS **11830 S.W. 108 TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**
☒ Delete

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

TITLE **S**
NAME **CHAVEZ, OMAR A**
STREET ADDRESS **4730 SANTA MARIA STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**
☐ Delete

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

TITLE **T**
NAME **RODRIGUEZ, DORA**
STREET ADDRESS **10024 S.W. 78TH COURT**
CITY-ST-ZIP **MIAMI FL 33186**
☐ Delete

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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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15 / 2003 (305) 661-0057
Date Daytime Phone #

CR2E034 (10/02)