

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063824

1. Entity Name

ALL FLORIDA ENGINEERING CONTRACTORS, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90297 034 \*\*\*158.75

Principal Place of Business

7330 S.W. 170TH TERRACE  
 MIAMI FL 33157

Mailing Address

7330 S.W. 170TH TERRACE  
 MIAMI FL 33157-4885

2. Principal Place of Business

10902 SW 188<sup>th</sup> ST

3. Mailing Address

P.O. Box 450549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Sunrise, Florida

4. FEI Number

65-0849767

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33345

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPELIOS, LOUIS  
 7330 S.W. 170TH TERRACE  
 MIAMI FL 33157

7. Name and Address of New Registered Agent

Name: Frederick B Gomer  
 Street Address (P.O. Box Number is Not Acceptable): 1140 Kane Concourse, 5<sup>th</sup> Floor  
 City & State: Bay Harbor Islands FL Zip Code: 33154

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: Frederick B Gomer Secy/Treas DATE: 4-28-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

|                |                  |  |
|----------------|------------------|--|
| TITLE          | PD               | <input type="checkbox"/> Delete            |
| NAME           | SPELIOS, LOUIS G |  |
| STREET ADDRESS | 7330 SW 170 TERR |  |
| CITY-ST-ZIP    | MIAMI FL 33157   |  |
| TITLE          | SD               | <input checked="" type="checkbox"/> Delete |
| NAME           | RUSSELL, PAUL    |  |
| STREET ADDRESS | 7330 SW 170 TERR |  |
| CITY-ST-ZIP    | MIAMI FL 33157   |  |
| TITLE          | TD               | <input type="checkbox"/> Delete            |
| NAME           | EVANS, RONALD    |  |
| STREET ADDRESS | 7330 SW 170 TERR |  |
| CITY-ST-ZIP    | MIAMI FL 33157   |  |
| TITLE          |                  | <input type="checkbox"/> Delete            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> Delete            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> Delete            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          | Vice President                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          | Vice President                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Paul J Guastilli                 |  |
| STREET ADDRESS | 6981 SW 57 <sup>th</sup> ST      |  |
| CITY-ST-ZIP    | MIAMI, FL 33143                  |  |
| TITLE          | Secy/Treas                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Frederick B Gomer                |  |
| STREET ADDRESS | 3301 NW 97 <sup>th</sup> Terrace |  |
| CITY-ST-ZIP    | Sunrise, FL 33351                |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> 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: Frederick B Gomer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00  
Date

305-232-1983  
Daytime Phone #