FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 15, 2002 8:00 am Secretary of State

P98000073651

1. Entity Name

DOCUMENT #

MIAMI-DA	NDE ENGI	NEERING CONTRA	ACTORS, INC.				01-15-2002 90020 04	19 ***150	0.00	
Principal Place of Business 11830 S.W. 24 TERRACE MIAMI FL 33175			Mailing Address 11830 S.W. 24 TERRACE MIAMI FL 33175							
±-1			T							
2. Principal Place of Business			3. Mailing Address				(/#81(88) (18 1618) 1813) \$4115 B4(1) 481(1) 481(1) 181	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. 1	FEI Number 65-0869626 Applied For Not Applicable			
Zip Country		Zip Count		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
** *******	6. Name	and Address of Current F	gistered Agent			7. 1	7. Name and Address of New Registered Agent			
A CONTRACTOR OF THE CONTRACTOR						Name Transfer of the same				
FERNANDEZ, JOSE J 11830 S.W. 24 TERRACE					Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33175							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
٠				City			FL	Zip Code	е	
8. The above	e named entit	y submits this statement for	the purpose of changing in	ts register	ed office or regis	stered ag	ent, or both, in the State of Florida.			
SIGNATURE	Signature hand	or printed name of registered agent a	and title if popularship (MC	YE: Bagistere	d Agent signature requ	uired when re	einstaling) DATE			
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				I ITUSI FUTU CONTIDUIOTI. 🗀 Addeu to rees 🗆			
11.		OFFICERS AND I		12.			L DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNAND 11830 S.V MIAMI FL	EZ, JOSE V. 24 TERRACE	· Delete	TITL NAM STRE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete				, <u></u>	☐ Change	· Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete					Change .	☐ Addition	
TITLE	+		☐ Delete	TITL				☐ Change	Addition	

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:

A Jose SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

FERNANDEZ