

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000091493**

1. Entity Name
CRO ENGINEERING INC.

07-17-2000 90006 024 ***150.00
FILED

00 JUL 31 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00010300

Principal Place of Business Mailing Address
3710 NW 2. RIVER DR **3710 NW 2. RIVER DR**
Miami, FL 33142 **Miami, FL 33142**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0071140 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
VASQUEZ, EDUARDO C. Name
107 MENDOZA AVE. Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134 City **FL** Zip Code

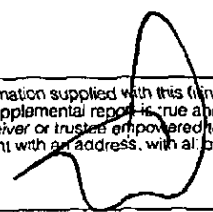
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$350.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ST-ZIP	PRES. EDUARDO C. VASQUEZ 107 MENDOZA AVE. CORAL GABLES, FL.	☐ Delete	TITLE		☐ Change ☐ Addition
ST-ZIP		☐ Delete	NAME		
ST-ZIP		☐ Delete	STREET ADDRESS		
ST-ZIP		☐ Delete	CITY-ST-ZIP		
ST-ZIP		☐ Delete	TITLE		☐ Change ☐ Addition
ST-ZIP		☐ Delete	NAME		
ST-ZIP		☐ Delete	STREET ADDRESS		
ST-ZIP		☐ Delete	CITY-ST-ZIP		
ST-ZIP		☐ Delete	TITLE		☐ Change ☐ Addition
ST-ZIP		☐ Delete	NAME		
ST-ZIP		☐ Delete	STREET ADDRESS		
ST-ZIP		☐ Delete	CITY-ST-ZIP		

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:  **06/20/00** **(PWT) 444-7286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)