

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90074 046 ***150.00

DOCUMENT # **PA8000091493**

1. Entity Name
CRO ENGINEERING INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3710 NW S. RIVER DR.
Suite, Apt. #, etc.

3. Mailing Address
107 MENDOZA AVE
Suite, Apt. #, etc.

City & State
MIAMI

City & State
C. GABLES

4. FEI Number
65-0871140

Applied For
Not Applicable

Zip
FL 33142 Country
US.

Zip
FL 33134 Country
US

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

7. Name and Address of Current Registered Agent

Name
EDUARDO VASQUEZ

Street Address (P.O. Box Number is Not Acceptable)

107 MENDOZA AVE

City
C. GABLES

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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

06/07/03

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
EDUARDO VASQUEZ
107 MENDOZA AVE
C. GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO VASQUEZ

06/07/03 (355) 446-7286

Date

Daytime Phone #

CR2E034B (12/02)