

**2000 UNIFORM BUSINESS REPORT-(UBR)****FILED****May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90059 036 \*\*\*150.00

**DOCUMENT # P99000011710**

1. Entity Name

**ARCHITECTUAL & ENGINEERING RESOURCES, INCORPORAT**

Principal Place of Business

**1 SOUTH ORANGE AVE. SUITE 500  
ORLANDO FL 32801**

Mailing Address

**1 SOUTH ORANGE AVE. SUITE 500  
ORLANDO FL 32801-2459**

2. Principal Place of Business

**37 N. Orange Avenue**

3. Mailing Address

**37 N. Orange Ave.**

Suite, Apt. #, etc.

**Suite # 500**

Suite, Apt. #, etc.

**Suite # 500**

City &amp; State

**Orlando, Florida**

City &amp; State

**Orlando, Florida**

Zip

**32801**

Country

**USA**

Zip

**32801**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3558281**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BIDHENDI, POURIA  
1 SOUTH ORANGE AVE, SUITE 500  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

**POURIA BIDHENDI**

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

**37 N. Orange Avenue****Suite # 500**

City

**Orlando**

FL

Zip Code

**32801**

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

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.  
(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	BIDHENDI, POURIA	
STREET ADDRESS	2891 S CONWAY RD #158	
CITY-ST-ZIP	ORLANDO FL 32812	

TITLE	VD	<input type="checkbox"/> Delete
NAME	AYUB, ALONSO	
STREET ADDRESS	6352 RALEIGH ST #1404	
CITY-ST-ZIP	ORLANDO FL 32835	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POURIA BIDHENDI	
STREET ADDRESS	4108 LAKE UNDERHILL RD., # 307	
CITY-ST-ZIP	Orlando, FL 32803	

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO AYUB	
STREET ADDRESS	2325 LAKE DEBRA, #435	
CITY-ST-ZIP	Orlando, FL 32835	

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		<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		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN34 (9/99)