

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 24, 2000 8:00 am  
Secretary of State

04-26-2000 90178 047 \*\*\*150.00

DOCUMENT # P99000017383

1. Entity Name

FIRE-AM ENGINEERING & CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

18090 COLLINS AVE. BOX 625  
SUNNY ISLES BEACH FL 33160

18090 COLLINS AVE. BOX 625  
SUNNY ISLES BEACH FL 33160-1917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-0949296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAREAGA, VICTOR A  
2151 LEJEUNE RD. STE. 200  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: DAWN SCHILLING  
Street Address (P.O. Box Number is Not Acceptable): 222 POINCIANA IS. DR  
City: Sunny Isles Beach FL Zip Code: 33160

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

Dawn Schilling DAWN SCHILLING

4/19/00.

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          | P                          | <input type="checkbox"/> Delete |
| NAME           | LORENZO, MAUEL JR.         |                                 |
| STREET ADDRESS | 19710 WEST LAKE DR.        |                                 |
| CITY-ST-ZIP    | MIAMI FL 33015             |                                 |
| TITLE          | V                          | <input type="checkbox"/> Delete |
| NAME           | POOLE, JACK                |                                 |
| STREET ADDRESS | 1317 S. FOUNTAIN DR.       |                                 |
| CITY-ST-ZIP    | OLATHE KS 66061            |                                 |
| TITLE          | ST                         | <input type="checkbox"/> Delete |
| NAME           | SCHILLING, WILLIAM Q       |                                 |
| STREET ADDRESS | 222 POINCIANA ISLAND DR.-  |                                 |
| CITY-ST-ZIP    | SUNNY ISLES BEACH FL 33160 |                                 |
| 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          | <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:

William Quinn Schilling

WM. QUINN SCHILLING

4-14-00 305947-1401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)