2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028180 Feb 03, 2000 08:00 AM **Secretary of State** P.P.M.P. ENGINEERING CORPORATION Principal Place of Business Mailing Address 928 N.E. 23 DRIVE 928 N.E. 23 DRIVE WILTON MANORS FL WILTON MANORS FL 33305 33305 2. Principal Place of Business 3. Mailing Address 217 N.W. 39TH STREET 217 N.W. 39TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For OAKLAND PARK FL OAKLAND PARK FL 65-0908571 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33309 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD EYER 928 N.E. 23 DRIVE Street Address (P.O. Box Number is Not Acceptable) 217 N.W. 39TH STREET WILTON MANORS 33305 City Zip Code OAKLAND PARK, FL 33309 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. 02/03/2000 RICHARD NORMAN EYER Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE D/P ☐ Change X Addition NAME NAME EYER RICHARD STREET ADDRESS 217 N.W. 39TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK 33309 TITLE ☐ Delete TITLE PΠ X Change ☐ Addition NAME NAME EYER BRUCE VARGAS FERNANDO STREET ADDRESS 928 N.E. 23 DRIVE STREET ACCRESS 928 N.E. 23 DRIVE CITY-ST-ZIF WILTON MANORS FL. 33305 CITY-ST-718 WILTON MANORS FT. 33305 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.

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