## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000038236 Mar 08, 2000 8:00 am 1. Entity Name Secretary of State ENGINEERING & NEW TECHNOLOGIES OF AMERICA, INC. 03-08-2000 90082 004 \*\*\*150.00 Principal Place of Business Mailing Address 777 BRICKELL AVENUE 777 BRICKELL AVENUE SUITE 500 SUITE 500 MIAMI FL 33131-2803 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 48th Street WZ OHF 48th Street 7410, SW Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Swit A Stute A City & State City & State 4. FEI Number Applied For FLORIDA 65 - 0915746 IHAIH FLORIDA MIAHI. Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA -33155 Fee Required =U&A-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Padilla Soutiago CANTOR, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVENUE SUITE 500 1704 MIAMI FL 33131 MUMHI, FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE CELANT, JEAN JACQUES CELANT, JEAN JACQUES NAME 777 BRICKELL AVENUE SUITE 500 7410,5W 48 +h & THIO, SW 48 44 Street STREET ADDRESS STREET ADDRESS HIAHE, FL 33173 CITY-ST-ZIP MIAMIFE 33131 HIAKE, FL 33473 CITY-ST-ZIP ☐ Delete Change Addition TITI F TITLE NAME SALGUES NAME 7410, SW 48+4 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HUAHI ~[ 'Addition ☐ Change nelete TIÈLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

MARANHE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/29/00

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