

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092364

1. Entity Name

PB ENGINEERING, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90008 022 ***150.00

Principal Place of Business

4035 MERIDIAN AVENUE SUITE 10
 MIAMI BEACH FL 33140

Mailing Address

4035 MERIDIAN AVENUE SUITE 10
 MIAMI BEACH FL 33140-3300

2. Principal Place of Business

1140 SW 9TH AVE.

3. Mailing Address

1140 SW 9TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FLA.

City & State

FORT LAUDERDALE

4. FEI Number

65-0958200

Applied For

☒ Not Applicable

Zip

33315

Country

BROWARD

Zip

33315

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, PAUL
 4035 MERIDIAN AVENUE SUITE 10
 MIAMI BEACH FL 33140

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WARNER, PAUL
 CITY-ST-ZIP 4035 MERIDIAN AVENUE SUITE 10
 MIAMI BEACH FL 33140

TITLE ☒ Change ☐ Addition
 NAME 1140 SW 9TH AVE
 STREET ADDRESS FORT LAUDERDALE, FL 33315
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

24 JAN 2000 9545275319

CR2E034 (9/99)