## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, wi

SIGNATURE

## FILED **DOCUMENT # S00341** Jan 19, 2000 8:00 am PROFESSIONAL ENVIRONMENTAL CONSULTING COMPANY **Secretary of State** 01-19-2000 90148 035 \*\*\*150.00 Mailing Address Principal Place of Business 12561 S.W. 115TH AVENUE 12561 S.W. 115TH AVENUE MIAMI FL 33176-4415 MIAMI FL 33176-4418 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0238302 Not Applicable \$8.75 Additional Zìp Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BATEMAN, JACK A Street Address (P.O. Box Number is Not Acceptable) 12561 S.W. 115TH AVENUE **MIAMI FL 33176** 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 DATE 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 10. Election Campaign Financing \$5.00 May Be 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition DP TITLE TITLE □ Delete NAME BATEMAN, JACK A NAME STREET ADDRESS STREET ADDRESS 12561 S.W. 115TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE RODRIGUEZ-BATEMAN, DINORAH NAME NAME STREET ADDRESS 12561 S.W. 115TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition --- Delete TITLE -- - -TITLE BATEMAN, ARTHUR M. NAME NAME STREET ADDRESS 10845 S.W. 112TH AVENUE, APT.4318 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 experimental 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 received 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR