

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90092 046 \*\*\*550.00

**DOCUMENT # S00341**

1. Entity Name

**PROFESSIONAL ENVIRONMENTAL CONSULTING COMPANY**

Principal Place of Business

12561 S.W. 115TH AVENUE  
 MIAMI FL 33176-4418  
 US

Mailing Address

12561 S.W. 115TH AVENUE  
 MIAMI FL 33176-4418  
 US

B0133000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10845 SW 112th Avenue

3. Mailing Address

10845 SW 112th Avenue

Suite, Apt. #, etc.

4-318

Suite, Apt. #, etc.

4-318

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0238302

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BATEMAN, JACK A  
 12561 S.W. 115TH AVENUE  
 MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

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

10845 SW 112th Avenue  
 4-318

City

Miami

FL

Zip Code

33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jack A Bateman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

7/16/2002

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	DP	<input type="checkbox"/> Delete
NAME	BATEMAN, JACK A	
STREET ADDRESS	12561 S.W. 115TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ-BATEMAN, DINORAH	
STREET ADDRESS	12561 S.W. 115TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BATEMAN, ARTHUR M.	
STREET ADDRESS	10845 S.W. 112TH AVENUE, APT.4318	
CITY-ST-ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10845 SW 112th Avenue, 4-318	
CITY-ST-ZIP	MIAMI FL 33176	
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:

*Jack A Bateman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-2002 305 342 7996

Date

Daytime Phone #

CR2E034 (4/02)