

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S13990**

1. Entity Name

**STRUCTURAL ENGINEERING AND DESIGN CONSULTANT, IN****FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90013 013 \*\*\*150.00

| Principal Place of Business                           | Mailing Address  |
|---|--|
| 23257 STATE RD 7<br>#101<br>BOCA RATON FL 33428<br>US | 6574 N. STATE RD. 7<br>#182<br>COCONUT CREEK FL 33073-3625<br>US |

| 2. Principal Place of Business |         | 3. Mailing Address  |         |
|--------------------------------|---------|---------------------|---------|
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0229602** Applied For  
Not Applicable5. 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        |
|--|--|
| <b>YAZDANI, DUSTIN F</b><br><b>6574 N. STATE RD. 7 #182</b><br><b>COCONUT CREEK FL 33073</b> | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |   |
|---|---|---|
| 9. This corporation is eligible to satisfy its Intangible<br>Tax filing requirement and elects to do so.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b><br><b>Added to Fees</b> |
|---|---|---|

| 11. OFFICERS AND DIRECTORS |                                     | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>YAZDANI, DUSTIN F</b>            | NAME  |   |
| STREET ADDRESS             | <b>6574 N. STATE RD. 7, NO. 182</b> | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>COCONUT CREEK FL 33067</b>       | CITY-ST-ZIP   |   |
| TITLE                      | STD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>YAZDANI, ROBIN A</b>             | NAME  |   |
| STREET ADDRESS             | <b>6574 N. STATE RD. 7, NO. 182</b> | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>COCONUT CREEK FL 33067</b>       | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | 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: \_\_\_\_\_

**ORIGINAL SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/19/00  
Date954-346-6598  
Daytime Phone #