

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90172 006 \*\*\*150.00

**DOCUMENT # S23619**

1. Entity Name  
**ALLIED ENGINEERING CORPORATION**



Principal Place of Business  
13935 S.W. 252 ST  
MIAMI FL 33032-5405  
US

Mailing Address  
13935 S.W. 252 ST  
MIAMI FL 33032-5405  
US

**90032345**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0235697**

Applied For

Not Applicable

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

**VILA, JORGE J.**  
**13935 SW 252 ST**  
**MIAMI FL 33032**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **VILA, JORGE J.**  
STREET ADDRESS **11346 SW 85 LANE 11980 SW 97 TERR,**  
CITY - ST - ZIP **MIAMI FL 33176 33186**

TITLE **VP** ☐ Delete  
NAME **VILA, JAVIER O**  
STREET ADDRESS **87853 W 144 ST. 14480 SW 75 AVE.**  
CITY - ST - ZIP **MIAMI FL 33176 33158**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **[Signature]** **REQUIRED**

**1-10-03**

**305-257-1491**

Date

Daytime Phone #

CR2E034 (10/02)