

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62269

1. Entity Name

WESTWARD ENGINEERING CORP.
% **Eliana Wolff**

Principal Place of Business
100 Westward Drive
Miami Springs, FL 33166

Mailing Address
2555 Collins Avenue, #2400
Miami Beach, FL 33140
% **Eliana Wolff**

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

65-0279503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAENZ, RAUL M.
8180 NW 36 STREET, #100
MIAMI, FL 33166

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 PVID	<input type="checkbox"/> Delete
NAME BERGER, EDUARDO	
STREET ADDRESS 100 WESTWARD DRIVE	
CITY-ST-ZIP MIAMI SPRINGS, FL 33166	
TITLE SD	<input type="checkbox"/> Delete
NAME SAENZ, RAUL M.	
STREET ADDRESS 8180 NW 36 STREET, #100	
CITY-ST-ZIP MIAMI, FL 33166	
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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:  **RAUL M. SAENZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

305 477-6969

Daytime Phone #