2001
2002

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49847

1. *Entity Name
CONSTRUCTION ENGINEERING ASSOCIATES, INC.

FILED
02 MAY 13 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| ~~8550 W. FLAGLER ST~~<br>~~STE 116~~<br>~~MIAMI FL 33144~~<br>US | ~~8550 W. FLAGLER ST~~<br>~~STE 116~~<br>~~MIAMI FL 33144-2037~~<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9600 SW 8 St | 9600 SW 8 St |
| Suite, Apt. #, etc.: Suite # 50 | Suite, Apt. #, etc.: Suite # 50 |
| City & State: MIAMI FL | City & State: MIAMI FL |
| Zip: 33174 Country: USA | Zip: 33174 Country: USA |

4. FEI Number: 65-0345223 ☐ 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 |
|---|---|
| RUIZ, ROBERT J.<br>9555 SW 29TH ST.<br>MIAMI FL 33165 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 9600 SW 8 ST, Nº 50<br>MIAMI FL 33174<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PS<br>RUIZ, ROBERT J.<br>8550 W. FLAGLER ST. STE. #116<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>9600 SW 8 ST. Nº 50<br>MIAMI FL 33174 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>RUIZ, ROBERTO N.<br>8550 W. FLAGLER ST. STE. #116<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>9600 SW 8 ST. Nº 50<br>MIAMI FL 33174 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RUIZ, CARMEN N.<br>8550 W. FLAGLER ST. STE. #116<br>MIAMI FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>200005600532--3<br>-05/23/02--01071--003<br>~~****308.75~~ ~~****308.75~~ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/99)

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 alteration or other like empowered.

SIGNATURE: _____ Roberto N. Ruiz 4-12-02 305-552-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)