

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91513 029 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F98000002567**

1. Entity Name

GE ENGINE SERVICES-MIAMI, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4590 NW 36TH STREET

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2216

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
SCHENECTADY, NY

4. FEI Number **65-0784901**

Applied For
Not Applicable

Zip
33152

Country
U.S.

Zip
12301-2216

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT CORPORATION SYSTEM**

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

1200 SOUTH PINE ISLAND ROAD

City **PLANTATION**

FL

Zip Code
33324

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

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO/Director
WILLIAM J. VARESCHI
1 NEUMANN WAY, CINCINNATI OH 45215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
STEPHEN P. HENDERSON
1 NEUMANN WAY, CINCINNATI OH 45215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
STEVEN DUNNING
1 NEUMANN WAY, CINCINNATI OH 45215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP & ASST. TREASURER
BARBARA A. MELITA
12 CORPORATE WOODS, ALBANY NY 12211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASST. TREASURER
RAY FERNANDEZ-ANDES
490NW 36TH STREE, MIAMI FL 33152**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
SCOTT ERNEST
1 NEUMANN WAY, CINCINNATI OH 45215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Melita*

BARBARA A. MELITA

4/22/03

(518)433-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)