## 7/1 2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 17, 2000 8:00 am Secretary of State **DOCUMENT # 421709** 1. Entity Name LAUDERMAN, REGALADO ARCHITECTS, INC. 07-11-2000 90175 018 \*\*\*550.00 Principal Place of Business Mailing Address 4227 W 16TH AVE 6241 NW 110TH ST HIALEAH FL 33012 HIALEAH FL 33012 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1470414 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent. -- 5.-Name and Address of Current Registered Agent RÉGALADO, IRVING R: .... Street Address (P.O. Box Number is Not Acceptable) 6241 NW 110 ST HIALEAH FL 33012 Zio Code City his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entitle SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE REGALADO, IRVING R. NAME NAME CR2E034 6241 N W 110 STREET STREET ADDRESS STREET ADDRESS CETY-ST-78P HIALEAH, FL 00000 CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-ZIP ☐ Addition ☐ Change ☐ Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Ξ. CITY-ST-ZIP CITY-ST-ZIP -☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20P

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 tagal 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:

SIGNATURE REQUIRED

8-7.00 305-822-7369