2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2003 8:00 am Secretary of State 421709 DOCUMENT # 1. Entity Name 04-25-2003 90236 006 ***150.00 LAUDERMAN, REGALADO ARCHITECTS, INC. Principal Place of Business Mailing Address 4227 W 16TH AVE 6241'NW 110TH ST TIUIDIUJ HIALEAH FL 33012 HIALEAH FL 33012 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1470414 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required -6.-Name and Address of Current Registered Agent--7.=Name and Address of New Registered Agent-REGALADO, IRVING R. Street Address (P.O. Box Number is Not Acceptable) 6241 NW 110 ST HIALEAH FL 33012 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition ☐ Delete regalado, irving R. -NAME NAME STREET ADDRESS 6241 N W 110 STREET STREET ADDRESS HIALEAH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME

12. I hereby certify that the information supplied with this filling 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with an changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED