

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90006 025 ***550.00

DOCUMENT # F00000002475

1. Entity Name
SBLM ARCHITECTS P.C.

Principal Place of Business
**636 BROADWAY 9TH FLOOR
 NEW YORK NY 10012**

Mailing Address
**636 BROADWAY 9TH FLOOR
 NEW YORK NY 10012**

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 **13-3723374**

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

**COHEN, JAMES
 11562-X SW 109TH ROAD
 MIAMI FL 33176**

Name **COHEN, JAMES**

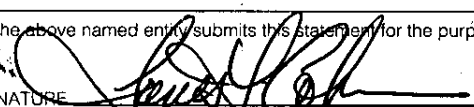
Street Address (R.O. Box Number is Not Acceptable)
10505 SW 115 CT

City **MIAMI, FL**

FL

Zip Code **33176**

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  **JAMES L. COHEN**

DATE **7/05/01**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **BURDICK, JOSHUA**
 STREET ADDRESS **636 BROADWAY 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10012**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **COHEN, JAMES**
 STREET ADDRESS **11562-X SW 109TH ROAD**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
 NAME **COHEN, JAMES**
 STREET ADDRESS **10505 SW 115 CT**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **S** ☐ Delete
 NAME **MAGNUSON, PHILIP**
 STREET ADDRESS **636 BROADWAY 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10012**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **SHIFFER, EDWARD T**
 STREET ADDRESS **636 BROADWAY 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10012**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **KENNY, ROLANDO**
 STREET ADDRESS **636 BROADWAY 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10012**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **LEFANDE, MICHAEL**
 STREET ADDRESS **636 BROADWAY 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10012**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/5/01**

DAYTIME PHONE # **305-412-9187**

0105429 AT

CR2E034 (5/01)