

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90171 024 \*\*\*150.00

001194 AI

**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  
**151 West 26th Street**

3. Mailing Address  
**11440 N. Kendall Drive**

Suite, Apt. #, etc.  
**2nd FL**

Suite, Apt. #, etc.  
**Suite 210**

City & State  
**New York, NY**

City & State  
**Miami FL**

4. FEI Number **13-3723374**

Applied For  
Not Applicable

Zip  
**10001**

Country  
**USA**

Zip  
**33176**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**COHEN, JAMES  
10505 SW 115 COURT  
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **James Cohen**

Street Address (P.O. Box Number is Not Acceptable)  
**11440 N. Kendall Drive**

**Suite 210**

City **Miami**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James Cohen**

**2.19.03**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURDICK, JOSHUA</b> <b>636 BROADWAY 9TH FLOOR</b> <b>NEW YORK NY 10012</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COHEN, JAMES</b> <b>10505 SW 115 COURT</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MAGNUSON, PHILIP</b> <b>636 BROADWAY 9TH FLOOR</b> <b>NEW YORK NY 10012</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SHIFFER, EDWARD T</b> <b>636 BROADWAY 9TH FLOOR</b> <b>NEW YORK NY 10012</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KENNY, ROLANDO</b> <b>636 BROADWAY 9TH FLOOR</b> <b>NEW YORK NY 10012</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LEFANDE, MICHAEL</b> <b>636 BROADWAY 9TH FLOOR</b> <b>NEW YORK NY 10012</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Joshua Burdick</b> <b>151 West 26th Street, 2nd FL</b> <b>New York, NY 10001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Partner</b> <b>James Cohen</b> <b>11440 N. Kendall Drive, Suite 210</b> <b>Miami, FL 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Philip Magnuson</b> <b>151 West 26th Street, 2nd FL</b> <b>New York, NY 10001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <b>Edward T. Shiffer</b> <b>151 West 26th Street, 2nd FL</b> <b>New York, NY 10001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Michael LeFande</b> <b>151 West 26th Street, 2nd FL</b> <b>New York, NY 10001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward T. Shiffer** **1/8/03** **212-995-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)