

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90159 014 ***150.00

DOCUMENT # K21118

1. Entity Name
JAROSZ ARCHITECTS, P.A.

Principal Place of Business

**3696 BAYVIEW RD.
 COCONUT GROVE FL 33133
 US**

Mailing Address

**3696 BAYVIEW RD.
 COCONUT GROVE FL 33133
 US**

80130686



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3526 Main Street
 Suite, Apt. #, etc. 500**

3. Mailing Address

same

City & State
Coconut Grove, FL

City & State

4. FEI Number **65-0055221**

Applied For
 Not Applicable

Zip
33133

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**JAROSZ, Z.W..
 3696 BAYVIEW RD.
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 13, 2002 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

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

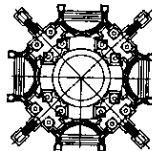
Date

Daytime Phone #

CR2E034 (4/02)

*Attachment
K2118*

JAROSZ ARCHITECTS, P.A.



July 16, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # K21118

To Whom It May Concern:

We are writing in reference to the above document. We never received this document at the beginning of the year and just received it now in July 2002. We had a change of address and it seems it was never forwarded to our current address back in January.

Attached please find the renewal along with the change of address and our payment of \$150.00.

We apologize for this inconvenience. Should you have any questions please feel free to contact us at (305) 446-0888 x 22.

Thanking you in advance.

JAROSZ ARCHITECTS, P.A.

Zbigniew Jarosz
President

3326 MARY STREET • SUITE 500 • COCONUT GROVE, FLORIDA • 33133
PHONE (305) 446-0888 • FAX (305) 447-1177