

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

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90069 042 \*\*\*158.75

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**DOCUMENT # P01000016552**

1. Entity Name  
**GLOBAL ARCHITECTURE PROJECTS, INC.**



Principal Place of Business  
**1435 MARSEILLE COURT  
UNIT #5408  
WESTON FL 33326**

Mailing Address  
**1435 MARSEILLE COURT  
UNIT #5408  
WESTON FL 33326**



2. Principal Place of Business

**1580 Sawgrass Corporate Parkway**

Suite, Apt. #, etc.  
**Parway suite 130**

City & State  
**SUNRISE, FL**

Zip  
**33323**

Country  
**US**

3. Mailing Address

**1580 Sawgrass Corporate Parkway**

Suite, Apt. #, etc.  
**Suite 130**

City & State  
**SUNRISE FL**

Zip  
**33323**

Country  
**US**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1074831**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>PARRA, GILBERTO</b>	
STREET ADDRESS	<b>1435 MARSEILLE COURT UNIT #5408</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CFR2E034 (10/02)