

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089103

1. Entity Name
ARCHITECTURAL HARDWARE ASSOCIATES, INC.

Principal Place of Business
 1706 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134

Mailing Address
 1706 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134

2. Principal Place of Business
SAME

3. Mailing Address
SAME

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0636262**

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

DE LA LLAMA, JOSE
 1706 COUNTRY CLUB PR 400
 CORAL GABLES FL 33134

Name *None*

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.

SIGNATURE _____ (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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	D	<input type="checkbox"/> Delete
NAME	DE LA LLAMA, VIVIAN F	
STREET ADDRESS	1706 COUNTRY CLUB PR 400	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DPVS	<input type="checkbox"/> Delete
NAME	DE LA LLAMA, JOSE A	
STREET ADDRESS	1706 COUNTRY CLUB PR 400	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE LA LLAMA, JOSE A	
STREET ADDRESS	520 MADEIRA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE LA LLAMA, JOSE A	
STREET ADDRESS	1706 COUNTRY CLUB	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

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: *JOSE A. DE LA LLAMA, J.A. de la Llama* 4/25/01 305-262-0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90189 045 ***150.00

973856



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)