## 2000 UNIFORM BUSINESS REPORT (UBR)

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## DOCUMENT # **P99000012888** Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** N25 ARCHITECTURE CO. 05-09-2000 90036 001 \*\*\*150.00 Mailing Address Principal Place of Business 6121 SW 46 TERRACE 6121 SW 46 TERRACE MIAMI FL 33155-6022 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65.09076 Not Applicable \$8.75 Additional Country Zip Country Zio 5. Certificate of Status Desired Fee-Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANDON, NORMAN V Street Address (P.O. Box Number is Not Acceptable) -6121-SW 46-TERRACE **MIAMI FL 33155** Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) , ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change **Addition** CR2E034 (9/99) ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP - PRESIDERY Addition 🔣 Delete ☐ Change TITLE TITLE RENEE L. MOLINA NAME NAME SW46 TORRALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECROTARY ☐ Change Addition TITLE Delete TITL F RENEE L. MOUNT NAME NAME 6121 SW 46TERPALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change --- Addition LEASURER ☐ Delete TITLE TITLE NORMAN V. BLANDON NAME NAME 6121 SW 46 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, PC 33/55 CITY-ST-ZIP ☐ Change Addition ☐ Delete DD £ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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