

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90111 049 ***150.00

DOCUMENT # 156341
1. Entity Name
FLORIDA ARCHITECTURE INCORPORATED

Principal Place of Business
3090 KIRK STREET
COCONUT GROVE FL 33133

Mailing Address
3090 KIRK STREET
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8485 SW 168th Terr
 Suite, Apt. #, etc. **n/a**
 City & State **Miami, FL**
 Zip **33157** Country **USA**

3. Mailing Address
8485 SW 168th Terr
 Suite, Apt. #, etc. **n/a**
 City & State **Miami, FL**
 Zip **33157** Country **USA**

4. FEI Number **59-0599787**
 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
HAMMAR, OLIVIA
3090 KIRK ST
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name **Hammar, Olivia**
 Street Address (P.O. Box Number is Not Acceptable) **8485 SW 168th Terr**
 City **Miami** **FL** Zip Code **33157**

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMAR, OLIVIA S 3090 KIRK STREET COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hammar, Olivia S. 8485 SW 168th Terr Miami, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMAR, OLIVIA S 3090 KIRK STREET COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hammar, Olivia S. 8485 SW 168th Terr Miami, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMAR, JON 3090 KIRK STREET COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hammar, Jon 8485 SW 168th Terr Miami, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Olivia S. Hammar **Olivia S. Hammar** **5/30/02 (305) 251-2510**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)