## 2002 UNIFORM BUSINESS REPORT (UBR) DOCÚMENT # 495112

## FILED Jan 22, 2002 8:00 am Secretary of State

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N AVE		Mailing Address 2964 AVIATION AVE 4TH FLOOR COCONUT GROVE FL 33133								
lace of Busin	ess	3. Mailing Address	3. Mailing Address							
#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
9		City & State			<b>4.</b> F	El Number 59-166751	1	<u> </u>	oplied For ot Applicable	
Zip Country		Zip	ip Coun		5. Certificate of Status Desired		XX	\$8.75 Additional Fee Required		
6. Name	and Address of Curre	nt Registered Agent	1	Namo	7. N	lame and Address of New F	legistered	Agent		
ALBAISA, ADOLFO M.					Street Address (P.O. Box Number is Not Acceptable)					
	, 41H FLOOK.						<u> </u>		<del></del> .	
COCONUT GROVE FL 33133				City			FI	Zip Cod	e	
							orida.			
-	and elects to do so.	After May 1, 2	002 Fee	will be \$550.00	tate	Trust Fund Contribution	ın.	Added	May Be	
en.	OFFICERS AN		12.	r	AD	DITIONS/CHANGES TO OFF	ICERS AN		S IN 11	
ALBAISA,		□ Delete	NAM STRI	IE EET ADDRESS				Shangs	7,000	
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	ARCHITE e of Business N AVE ROVE FL 3313 lace of Busin #, etc.  6. Name ADOLFO N ATION AVE. ORIDA T GROVE F named entity Signature, typed oration is eligi equirement a ia on back)  SD ALBAISA, 2964 AVI/ MIAMI FL	ARCHITECTS, P.A.  e of Business  N AVE  ROVE FL 33133  Face of Business  #, etc.  Country  6. Name and Address of Current  ADOLFO M. ATION AVE., 4TH FLOOR. ORIDA  T GROVE FL 33133  named entity submits this statement  Signature, typed or printed name of registered age oration is eligible to satisfy its Intangit equirement and elects to do so. ia on back)  OFFICERS AN  SD  ALBAISA, ADOLFO M. 2964 AVIATION AVE  MIAMI FL	e of Business	e of Business	e of Business	ARCHITECTS, P.A.  a of Business NAVE 284 AVIATION AVE 4TH FLOOR COCONLIT GROVE FL 33133  COCONLIT GROVE FL 33133  Adding Address #, etc.  Cly & State Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name ADOLFO M. ATTON AVE., 4TH FLOOR. ORIDA T GROVE FL 33133  City City  City  City  Tration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) ALBAISA, ADOLFO M. 2964 AVIATION AVE MAME STREET ADDRESS CITY-ST-ZP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDR	ARCHITECTS, P.A.  O1-22-200  ac of Business  N AVE  2864 AVIATION AVE 41H FLOOR COCONUT GROVE FL 39133  3. Mailing Address W. etc.  Suite, Apt. #, etc.  Cliy & State  Cliy & State  Country  Zp  Country  Zp  Country  Zp  Country  5. Certificate of Status Desired  Name ADOLFO M.  Name and Address of Current Registered Agent  Name ATION AVE, 41H FLOOR. ORIDA  TGROVE FL 33133  named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flix  Syrators, loyel or preser came of registered for the purpose of changing its registered office or registered agent, or both, in the State of Flix  Syrators to glipble to safely its Intangible equiroment and elects to do so.  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fe	ARCHITECTS, P.A.  O1-22-2002 90005  of Business  In AVE  284 AVATION AVE 4TH FLOOR COCONUT GROWE FL 33133  COCONUT GROWE FL 33133  COUNTY  ID  Country  Country  Country  Country  Country  Country  Sp. 1667511  Country  Street Address of Current Registered Agent  Name ADOLFO M. ATTOM AVE, 4TH FLOOR. ORIDA  T CROVE FL 33133  City & State  City & St	ARCHITECTS, P.A.  O1-22-2002 90099 021 ****  5  of Business NAME 2894 AMATION AVE 4TH FLOOR COCONUT GROVE FL 33133  DO NOT WRITE IN THIS SPACE  THE ROW State OF Business OF Current Registered Agent Only  OCCUPY State OF Country State Of State Of State OF Require Agent Of State Of S	

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:** 

ENTRE ADOLFO M. ALBAISA, PRESIDENT

1/9/2 (305)442-1193