

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 546105

1. Entity Name

ARCHITECTURAL ASSOCIATES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90037 032 ***150.00

Principal Place of Business

Mailing Address

7637 SW 102ND PLACE
MIAMI FL 33173

7637 SW 102ND PLACE
MIAMI FL 33173-3960

00027669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1001 W. CYPRESS CREEK RD

3. Mailing Address

1001 W. CYPRESS CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

FT. LAUDERDALE, FL.

FT. LAUDERDALE, FL.

Zip

Zip

Country

Country

33309

USA

33309

USA

4. FEI Number

59-1753691

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

COHEN, ALVIN J.

7637 SW 102ND PLACE
MIAMI FL 33173

Name

COHEN, ALVIN J

Street Address (P.O. Box Number is Not Acceptable)

1001 W. CYPRESS CREEK RD, SUITE #100

City

FT. LAUDERDALE

FL

Zip Code
33309

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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 P ☐ Delete
NAME COHEN, ALVIN J.
STREET ADDRESS 7637 SW 102ND PLACE
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME 1001 W. CYPRESS CREEK RD. #100
STREET ADDRESS FT. LAUDERDALE, FL. 33309
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVIN JAY COHEN

Date

2/22/00 (954) 776-7416

Daytime Phone #

CR2E034 (9/99)