

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90166 025 \*\*\*150.00

**DOCUMENT # 546105**

1. Entity Name  
**ARCHITECTURAL ASSOCIATES, INC.**



Principal Place of Business  
**1001 W. CYPRESS CREEK RD  
#100  
FORT LAUDERDALE FL 33309**

Mailing Address  
**1001 W. CYPRESS CREEK RD  
#100  
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

**22508 CARAVELLE CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address

**22508 CARAVELLE CIRCLE**  
Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

Zip Country  
**33433 USA**

City & State  
**BOCA RATON, FL**

Zip Country  
**33433 USA**

4. FEI Number **59-1753691**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COHEN, ALVIN J.  
1001 W. CYPRESS CREEK RD  
#100  
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **COHEN, ALVIN J**  
Street Address (P.O. Box Number is Not Acceptable)  
**22508 CARAVELLE CIRCLE**  
City **BOCA RATON** FL **33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/28/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **COHEN, ALVIN J.**  
STREET ADDRESS **1001 W. CYPRESS CREEK RD #100**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **COHEN, ALVIN J**  
STREET ADDRESS **22508 CARAVELLE CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/03 (561)393-6961**

Daytime Phone #

CR2E034 (10/02)