

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90055 049 \*\*\*158.75

**DOCUMENT # 604570**



1. Entity Name  
**W.C. MURPHY ARCHITECTS P.A.**

Principal Place of Business  
**1320 S. DIXIE HWY  
SUITE 890  
MIAMI FL 33146  
US**

Mailing Address  
**1320 S. DIXIE HWY  
SUITE 890  
MIAMI FL 33146  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**1172 S. DIXIE HWY. #489**

Suite, Apt. #, etc.  
**1172 S. DIXIE HWY. #489**

CHECK HERE IF MAKING CHANGES

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

4. FEI Number **59-1468501**

Applied For  
Not Applicable

Zip **33146** Country **USA**

Zip **33146** Country **USA**

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

**MURPHY, WILLIAM COOK  
1320 S. DIXIE HWY  
SUITE 890  
MIAMI FL 33156**

Name **MURPHY, WILLIAM COOK**  
Street Address (P.O. Box Number is Not Acceptable)  
**1520 BARACOLA AVENUE**  
City **CORAL GABLES FL** Zip Code **33146**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	MURPHY, WILLIAM COOK	
STREET ADDRESS	1320 S. DIXIE HWY, SUITE 890	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, WILLIAM COOK	
STREET ADDRESS	1520 BARACOLA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *William Murphy* **SIGNATURE REQUIRED** **01/10/03** **305-785-7681**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)