

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608604

1. Entity Name

MIGUEL FONT ARCHITECTS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90112 006 ***150.00

Principal Place of Business

Mailing Address

5941 N. KENDALL DRIVE
CORAL GABLES FL 33134

5941 N. KENDALL DRIVE
CORAL GABLES FL 33156-2067

2. Principal Place of Business

5941 N. KENDALL DRING

3. Mailing Address

5941 N. KENDALL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOUTH MIAMI, FL.

City & State

SOUTH MIAMI, FL

Zip

Country

33156-2067

USA

Zip

Country

33156-2067

USA

4. FEI Number

59-1836646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FONT, MIGUEL
5941 SW 88 ST
MIAMI FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PD
NAME FONT, MIGUEL
STREET ADDRESS 5941 SW 88 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD
NAME FONT, ANNIE
STREET ADDRESS 5941 SW 88 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2000

305-666-1632

Date

Daytime Phone #

CR2E034 (9/99)