FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 689344** 1. Entity Name RANDALL F. KELLER, A.I.A., P.A. -11-2001 90079 042 ***150.00 Principal Place of Business Mailing Address 999 E. OAKLAND PARK BLVD. 999 E. OAKLAND PARK BLVD. C/O RANDALL F. KELLER C/O RANDALL F. KELLER OAKLAND PARK FL 33334-2725 OAKLAND PARK FL 33334-2725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2004908 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLER, RANDALL F. Street Address (P.O. Box Number is Not Acceptable) 999 E. OAKLAND PARK BLVD. OAKLAND PARK FL 33334 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 FILE NOW!!! FEE(IS \$150.00 / 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD Delete ☐ Change TITI F TITLE KELLER, RANDALL F. NAME NAME STREET ADDRESS STREET ADDRESS 999 E OAKLAND PARK BLVD. CITY-ST-ZIP CITY-ST-ZIP ft. Lauderdale fl ☐ Change ☐ Addition ☐ Detete TITLE TITLE KELLER, RANDALL F. NAME STREET ADDRESS STREET ADDRESS 999 E OAKLAND PARK BLVD. CITY-ST-ZIE CITY-ST-718 FT. LAUDERDALE FL Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered,

APRIL 2, 2001

(954) 566-8717

Daytime Phone #