2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90032 049 ****61.25

DOCUMENT # 755002

1. Entity Name

MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHI

Principal Place of Business	Mailing Address
800 DOUGLAS ENTRANCE SUITE 119 CORAL GABLES FL 33134	800 DOUGLAS ENTRANCE SUITE 119 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3399 PONCE DE LEON BLVD.	3399 PONCE DE LEON BLVD
Suite, Apt. #, etc.: SUITE #104	Suite, Apt. #, etc.: 104.
City & State: CORAL GABLES FL.	City & State: CORAL GABLES, FL
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. FEI Number: 59-6151172 ☐ 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
BRAZLAVSKY, MIJEL 800 DOUGLAS ENTRANCE SUITE 119 CORAL GABLES FL 33134	Name: BRAZLAVSKY MIJEL Street Address (P.O. Box Number is Not Acceptable): 3399 PONCE DE LEON BLVD SUITE 104 City: CORAL GABLES FL Zip Code: 33134

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: MIJEL BRAZLAVSKY — 02/12/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLFBERG, DAVID 5960 SW 57 PL MIAMI FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT. EDWARD LEWIS 250 BIRD ROAD SUITE 212. CORAL GABLES. FL 33146	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD QUINTANA, CANDIDO 5960 SW 83 PLACE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FORBES, JOHN R 3310 PONCE DE LEON BLVD CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P.D. ANGEL C. SAQUI II 2801 PONCE DE LEON BLVD SUITE 880 CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JORGE, VALCARCEL 801 BRICKELL AVE 23RD FLOOR MIAMI FL 33131	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD. JOHN R FORBES 3310 PONCE DE LEON BLVD. SUITE 200. CORAL GABLES, FL 33134.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SALAZAR, FELICIA 800 DOUGLAS ENTRANCE, #119 CORAL GABLES FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P.D RAFAEL SIXTO. 800 DOUGLAS ENTRANCE NORTH TOWER SUITE 200. CORAL GABLES FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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: SIGNATURE REQUIRED JOHN R FORBES — 2/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #