

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90118 004 ****61.25

DOCUMENT # 755002

1. Entity Name

MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHI

Principal Place of Business

**3399 PONCE DE LEON BLVD
 STE 104
 CORAL GABLES FL 33134**

Mailing Address

**3399 PONCE DE LEON BLVD
 STE 104
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
 3399 PONCE DE LEON BLVD
 STE 104
 CORAL GABLES FL 33134**

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

**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	PD	☒ Delete
NAME	WOLFBERG, DAVID	
STREET ADDRESS	5960 SW 57 PL	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VPD	☐ Delete
NAME	QUINTANA, CANDIDO	
STREET ADDRESS	5960 SW 83 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ Delete
NAME	FORBES, JOHN R	
STREET ADDRESS	3310 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	STD	☒ Delete
NAME	JORGE, VALCARCEL	
STREET ADDRESS	801 BRICKELL AVE 23RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	☒ Delete
NAME	SALAZAR, FELICIA	
STREET ADDRESS	800 DOUGLAS ENTRANCE, #119	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	RAFAEL SIXTO	
STREET ADDRESS	800 DOUGLAS ENTRANCE TOWER SUITE 300	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPD	☒ Change ☐ Addition
NAME	FORBES JOHN. R.	
STREET ADDRESS	3310 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPD	☒ Change ☐ Addition
NAME	CANDIDO QUINTANA	
STREET ADDRESS	12601 N 7TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33101	
TITLE	STD	☒ Change ☐ Addition
NAME	BERNARDO, ZYSCOVICH	
STREET ADDRESS	100 N. BISCAYNE BLVD 27TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VPD	☒ Change ☐ Addition
NAME	ANGEL SARDI II	
STREET ADDRESS	2801 PONCE DE LEON BLVD. #580	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL SIXTO

2-27-01

Date

305/447-3503

Daytime Phone #

CR2E037 (10/00)