

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90065 036 ****70.00

DOCUMENT # 755002

1. Entity Name

MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS, INC.

Principal Place of Business

Mailing Address

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIXTO, RAPHAEL 810 DOUGLAS ENTRANCE, N.TOWER, SUITE 200 CORAL GABLES FL 33134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUINTANA, CANDIDO 12601 NE 7TH AVENUE MIAMI FL 33101	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORBES, JOHN R 3310 PONCE DE LEON BLVD CORAL GABLES FL 33134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZYSCOVICH, BERNARDO 100 N. BISCAYNE BLVD. 27TH FLOOR MIAMI FL 33132	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SARMI, ANGEL II 2801 PONCE DE LEON BLVD. #880 CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PD JOHN R. FORBES. 4565 PONCE DE LEON BLVD SUITE 100 CORAL GABLES, FL 33146	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERNARDO ZYSCOVICH. 100 N. BISCAYNE BLVD 27TH FLOOR MIAMI, FL 33132	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOURDES SOLERA 2780 SW DOUGLAS Rd #302 MIAMI FL 33132	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN DIAZ YABOR. VPD 12145 W 121 AVE. MIAMI FL 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARMI ANGEL II VPD.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 OF JOHN R. FORBES, PRESIDENT

Date

Daytime Phone #

3/14/02

305-448-7488

CR2E037 (9/01)