

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90048 026 ****61.25

DOCUMENT # 755002

1. Entity Name

MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF
ARCHITECTS, INC.



Principal Place of Business

275 UNIVERISYT DR
CORAL GABLES FL 33141

Mailing Address

275 UNIVERISYT DR
CORAL GABLES FL 33141

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

BRAZLAVSKY, MIJEL
275 UNIVERISYT DR
MIAMI BEACH FL 33141

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERNARD, ZYSCOVICH ☐ Delete
STREET ADDRESS 100 N. BISCAYNE BLVD, 27TH FL
CITY-ST-ZIP MIAMI FL 33132

TITLE VPD
NAME DIAZ-YABOR, MARTIN ☐ Delete
STREET ADDRESS 12124 SW 131 AVE
CITY-ST-ZIP MIAMI FL 33186

TITLE VPD
NAME SOLERA, LOURDES ☐ Delete
STREET ADDRESS 2780 SW DOUGLAS RD #302
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD
NAME SARVI, ANGEL II VPD ☐ Delete
STREET ADDRESS 2801 PONCE DE LEON BLVD. #880
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE STD
NAME LOURNES, SOLERA ☐ Delete
STREET ADDRESS 2780 S W DOUGLAS RD #302
CITY-ST-ZIP MIAMI FL 33132

TITLE STD
NAME SURRI, DAPHNE ☐ Delete
STREET ADDRESS 801 MONTERREY ST #205A
CITY-ST-ZIP CORAL GABLES FL 33134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PR ☒ Change ☐ Addition
NAME LOURDES SOLERA
STREET ADDRESS 2780 SW DOUGLAS ROAD #302.
CITY-ST-ZIP MIAMI FL 33133

TITLE VPD ☒ Change ☐ Addition
NAME DAPHNE GURRI
STREET ADDRESS 801 MONTERREY ST # 205A.
CITY-ST-ZIP CORAL GABLES FL 33134.

TITLE ☒ Change ☐ Addition
NAME MICHAEL KERWIN. VPD.
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY-ST-ZIP NORTH TOWER SUITE 800
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME JORGE KUPPERMAN. VPD.
STREET ADDRESS 620 W 111th DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33139.

TITLE ☒ Change ☐ Addition
NAME MARTIN DIAZ-YABOR. STD
STREET ADDRESS 12124 SW 131 AVE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition
NAME BERNARD ZYSCOVICH.
STREET ADDRESS 100 N. BISCAYNE BLVD 27TH FLOOR
CITY-ST-ZIP MIAMI FL 33132

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOURDES SOLERA AS A President 03/26/04 305-445-3764