2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47158 DONALD SINGER, ARCHITECT, P.A. Mailing Address Principal Place of Business % DONALD I SINGER ₩ DONALD I SINGER 13 WEST LAS OLAS BLVD. 13 WEST LAS OLAS BLVD. FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301-1823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name

FILED Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90176 028 ***158.75



DO NOT WRITE IN THIS SPACE

XX

59-2127487

Applied For

\$8.75 Additional

Fee Required

Not Applicable

SINGER, DONALD I 13 WEST LAS OLAS BLVD. FT LAUDERDALE FL 33301			Street Address (P.O. Box Number is Not Acceptable) 13 West Las Olas Boulevard					
			8. The above	named entity submits this statement to be	purpose of changing its reg	gistered office or	registered age	ent, or both, in the State of Fl
SIGNATURE	Signature, typed or printed name of redistered igen and to	tle if applicable NOTE: Ri	egistered Agent signatu	ire required when re	instating)	DATE		_
Tax filing requirement and elects to do so After MAY 1, 2000			FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
11.	OFFICERS AND DIR		12.	AD	DITIONS/CHANGES TO OF	- "		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SINGER, DONALD I 13 WEST LOS OLAS BLVD FT LAUDERDALE, FL 00000	X , X Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Craig F 13 West Fort La	. Barry Las Olas Boule uderdale, Flori	_ ପ vard da 33301	nange 🗴	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S Roger Lo 13 West		_ cr vard	nange 🛚 🛣	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Carolin 13 West	a Garcia Wiebe Las-Olas Boule uderdale, Flori	ਾ ਹਾਂ vard	nange 🗴	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Teen Wo 13 West	•	□ 0 vard	nange 🗴	XAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Cł	nange [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			CI	nange [Addition
13. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for the e and accurate and that my	e exemption stat signature shall h	ed in Section ave the same I	119.07(3)(i), Florida Statutes legal effect as if made under	I further certify that oath; that I am an a	t the infor	mation director

changed, or on an a

SIGNATURE: