

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G17509

1. Entity Name

L.R.W. + ASSOCIATES ARCHITECTS, INTERIOR DESIGNER

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90123 047 \*\*\*158.75

Principal Place of Business

4260 SW 73RD AVENUE  
 MIAMI FL 33155-4547

Mailing Address

4260 SW 73RD AVENUE  
 MIAMI FL 33155-4547

2. Principal Place of Business

2560 S. W. 27th Avenue

Suite, Apt. #, etc.

3. Mailing Address

2560 S. W. 27th Avenue

Suite, Apt. #, etc.

City & State  
 MIAMI FL

City & State  
 MIAMI FL

33133-2143

Country  
 U. S. A.

Zip  
 33133-2143

Country  
 U. S. A.

4. FEI Number

59-2450558

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SEGISBERTO, LEON J  
 8701 SW 86 AVENUE  
 MIAMI FL 33143-6916

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVUELTA, LUIS O 1461 MERCADO AVENUE CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEGISBERTO, LEON J 8701 S.W. 86 AVENUE MIAMI FL 33143-6016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WONG, VICTOR G 13380-F S.W. 91 TERRACE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WONG, VICTOR G. 8355 S.W. 27th Avenue, Miami FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Segisberto J. Leon*

Segisberto J. Leon

Date

Daytime Phone #

CR2E034 (9/99)