

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90002 040 ***158.75

DOCUMENT # G17509

1. Entity Name

L.R.W. + ASSOCIATES ARCHITECTS, INTERIOR DESIGNERS, PLANNERS, INC.

Principal Place of Business

**2560 SW 27TH AVE
 MIAMI FL 33133-2143
 US**

Mailing Address

**2560 SW 27TH AVE
 MIAMI FL 33133-2143
 US**

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

59-2450558

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, 2002 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	P.	<input type="checkbox"/> Delete
NAME	REVUELTA, LUIS O	
STREET ADDRESS	1461 MERCADO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SEGISBERTO, LEON J	
STREET ADDRESS	8701 S.W. 86 AVENUE	
CITY-ST-ZIP	MIAMI FL 33143-6016	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WONG, VICTOR G	
STREET ADDRESS	8355 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition.
NAME	REVUELTA, LUIS O.	
STREET ADDRESS	2560 SW 27th Ave.	
CITY-ST-ZIP	Miami FL 33133 2143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S A M E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, VICTOR G.	
STREET ADDRESS	8355 S. W. 43 Terrace	
CITY-ST-ZIP	Miami FL. #33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/02

205-263-9726

CR2E034 (9/01)