2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G23076

FILED Feb 07, 2002 8:00 AM Secretary of State

Entity Name: RODRIGUEZ AND QUIROGA ARCHITECTS CHARTERED

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|--|--|---|---|--|
| 4440 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 | | | MEZZANINE | 2100 PONCE DE LEON BLVD. MEZZANINE CORAL GABLES, FL 33134 | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 4440 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 | | | MEZZANINE | 2100 PONCE DE LEON BLVD. MEZZANINE CORAL GABLES, FL 33134 | |
| FEI Number: | 59-2277900 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| QUIROGA, 8750 S.W. MIAMI, FL | | | | | |
| The above in the State | | ubmits this statement for the pu | rpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUR | | Oinmature of Devictored Asses | | D-1- | |
| Election Can | tion is eligible to | c Signature of Registered Ager satisfy its Intangible Tax filing requi Trust Fund Contribution (). ORS: | irement and elects to do so (X). | Date BES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PT () E RODRIGUEZ, RA 7325 SW 82ND A MIAMI, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VS () [QUIROGA, ANTO 8750 S.W.106 S' MIAMI, FL | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| | | | | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO M QUIROGA VP 02/07/2002