

FILED  
Jun 17, 2002 8:00 am  
Secretary of State

05-24-2002 91352 033 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J05789** ✓

1. Entity Name

**ROBERT VALENCIA, ARCHITECT P.A.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3433 GALT OCEAN DR**

Suite, Apt. #, etc.

3. Mailing Address

**3433 GALT OCEAN DRIVE**

Suite, Apt. #, etc.

City & State

**FORT LAUDERDALE, FL**

Zip

**33308**

Country

City & State

**FORT LAUDERDALE, FL**

Zip

**33308**

Country

4. FEI Number

**59-2760997**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

Fee Required

7. Name and Address of Current Registered Agent

Name **ROBERTO VALENCIA**

Street Address (P.O. Box Number is Not Acceptable)

**3433 GALT OCEAN DRIVE**

City

**FORT LAUDERDALE, FL**

Zip Code

**33308**

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]*

**DP, ROBERTO VALENCIA 4/30/02**

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

(NOTE: Registered Agent signature is required when re-electing)

DATE

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

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

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  
**DP  
VALENCIA ROBERTO  
3433 GALT OCEAN DRIVE  
FORT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*

**ROBERTO VALENCIA 4/30/02 (454) 566-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)