

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90163 039 ***150.00

DOCUMENT # J83887

1. Entity Name
ORLANDO ALONSO ARCHITECTS, P.A.



Principal Place of Business
**8900 S.W. 117 AVE.
STE C205
MIAMI FL 33186
US**

Mailing Address
**8900 S.W. 117 AVE.
STE C205
MIAMI FL 33186
US**

2. Principal Place of Business
5805 BLUE LAGOON DRIVE

3. Mailing Address
5805 BLUE LAGOON DRIVE

Suite, Apt. #, etc.
STE 200

Suite, Apt. #, etc.
STE 200

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126 Country
USA

Zip
33126 Country
USA

4. FEI Number
59-2833870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALONSO, ORLANDO JR
8900 SW 117 AVE.
STE C205
MIAMI FL 33183**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALONSO, ORLANDO JR.
8900 SW 117 AVE STE C205
MIAMI FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.16.03 (305) 595.3095 x215

CR2E034 (10/02)