2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50373

1. Entity Name

BRABLEC ARCHITECT & ASSOCIATES, INC.

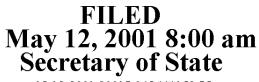
Principal Place of Business

Mailing Address

22846 NORTH SANDALFOOT BLVD. **BOCA RATON FL 33428**

22846 NORTH SANDALFOOT BLVD.

BOCA RATON FL 33428



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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0087528		pplied For ot Applicable	
Zip	Country		Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					.71	Name and Address of New Reg	istered Agent	.7
					Name			
BRABLEC, DANIEL F. 22846 NORTH SANDALFOOT BOULEVARD BOCA RATON FL 33428				Street	Street Address (P.O. Box Number is Not Acceptable)			
				City	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.								
The above hands sharp statement of the purpose of pranging to registered differ or registered again, of beautiful the state of honds.								
SIGNATURE								
SIGNATURE								
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		\$550.00	10. Election Campaign Finant Trust Fund Contribution.		00 May Be
11. OFFICERS AND DIRECTORS				12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRABLEC, DANIEL F 7258 SAN SEBASTIA BOCA RATON FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	*Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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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: 9

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR