

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90157 003 ***158.75

DOCUMENT # K50373

1. Entity Name
BRABLEC ARCHITECT & ASSOCIATES, INC.

Principal Place of Business
22846 NORTH SANDALFOOT BLVD.
BOCA RATON FL 33428
US

Mailing Address
22846 NORTH SANDALFOOT BLVD.
BOCA RATON FL 33428
US

80027248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9045 LAFONTANA BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C 16-F

City & State

BOCA RATON FL.

City & State

BOCA RATON FL.

Zip

Country

33428

Zip

Country

4. FEI Number

65-0087528

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRABLEC, DANIEL F.

22846 NORTH SANDALFOOT BOULEVARD
BOCA RATON FL 33428

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRABLEC, DANIEL F.**
STREET ADDRESS **7258 SAN SEBASTIAN DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BRABLEC, DANIEL F.**
STREET ADDRESS **22846 NORTH SANDALFOOT BLVD**
CITY-ST-ZIP **BOCA RATON, FL. 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Daniel F. Brablec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 29, 2002

Date

561-479-2388

Daytime Phone #

CR2E034 (9/01)