

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90164 042 ***550.00

DOCUMENT # K51472

1. Entity Name
WILFREDO BORROTO, ARCHITECTS, P.A.



Principal Place of Business
240 CRANDON BLVD.
~~SUITE 49 BOX 157~~ *Suite 167*
KEY BISCAYNE FL 33149

Mailing Address
240 CRANDON BLVD.
~~SUITE 49 BOX 157~~
KEY BISCAYNE FL 33149

2. Principal Place of Business

240 CRANDON Blvd.
Suite, Apt. #, etc. *167*

3. Mailing Address

same
Suite, Apt. #, etc. *167*

City & State
Key Biscayne, Florida

City & State

4. FEI Number **65-0090419**

Applied For
Not Applicable

Zip *33149* Country *USA*

Zip Country

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

BORROTO, WILFREDO
~~240 CRANDON BLVD~~
~~STE 49~~
KEY BISCAYNE FL 33149

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 *WILFREDO BORROTO*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-9-3

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BORROTO, WILFREDO**
STREET ADDRESS **240 CRANDON BLVD STE 167**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 my address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Signature and typed or printed name of signing officer or director

7-9-3 305-361-6181

Date Daytime Phone #

CR2E034 (4/03)