

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90151 038 ***150.00

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DOCUMENT # **K67341**

1. Entity Name

DANIEL NIEDA & ASSOCIATES ARCHITECTS, INC.



Principal Place of Business

**10637 SW 88 ST.
STE 7G
MIAMI FL 33176
US**

Mailing Address

**4541 SW 149 COURT
MIAMI FL 33185
US**

2. Principal Place of Business

3. Mailing Address

4541 SW 149 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33185

Country

US

Zip

33185

Country

US

4. FEI Number

NOT APPLICABLE

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

7. Name and Address of New Registered Agent

**MARKUS, ANDREW J ESQ.
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-4332**

Name

DANIEL B. NIEDA

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

4541 SW 149 COURT

City

MIAMI

FL

**Zip Code
33185**

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 **DANIEL B. NIEDA**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NIEDA, DANIEL B	
STREET ADDRESS	4541 SW 149TH COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	T	<input type="checkbox"/> Delete
NAME	NIEDA, DANIEL A	
STREET ADDRESS	4541 SW 149TH COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (305) 632-7418
Date Daytime Phone #

CR2E034 (10/02)