2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90016 035 ****50.00

0010690

DOCUMENT # L00000012743

Entity Name
A.F.M. ARCHITECTURE & DESIGN LLC

Principal Place of Business	Mailing Address
20416 NE 10th CT ROAD N. MIAMI BEACH, FL 33179	20416 NE 10th CT ROAD N. MIAMI BEACH FL 33179

2. Principal Place of Business	3. Mailing Address
20416 NE 10th CT ROAD	20416 NE 10th CT ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. MIAMI BEACH FL	City & State: N. MIAMI BEACH FL
Zip: 33179 Country: USA	Zip: 33179 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1088478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, ANDRES M 20416 NE 10th COURT ROAD North Miami Beach, FL 33179	Name: MARTINEZ, ANDRES M Street Address (P.O. Box Number is Not Acceptable): 20416 NE 10th CT ROAD City: N. MIAMI BEACH FL Zip Code: 33179

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTINEZ, ANDRES M 20416 NE 10th COURT ROAD North Miami Beach FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTINEZ, ANDRES M 20416 NE 10th COURT ROAD N. MIAMI BEACH FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Andres Martinez 02-13-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #