

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90128 049 ***550.00

DOCUMENT # L94987

1. Entity Name

VIOREL FLOREA ARCHITECT, P.A.

Principal Place of Business

577213 ARBOR CLUB WAY
 BOCA RATON FL 33433
 US

Mailing Address

577213 ARBOR CLUB WAY
 BOCA RATON FL 33433
 US

2. Principal Place of Business

569201 ARBOR CLUB WAY

3. Mailing Address

569201 ARBOR CLUB WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

4. FEI Number

65-0211811

Applied For

Not Applicable

Zip

33433

Country

US

Zip

33433

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLOREA, VIOREL

577213 ARBOR CLUB WAY
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

FLOREA, VIOREL

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

569201 ARBOR CLUB WAY

City

BOCA RATON

FL

Zip Code

33433

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

VIOREL FLOREA (P)

[Signature]

9/6/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☒ P
 NAME FLOREA, VIOREL
 STREET ADDRESS 577213 ARBOR CLUB WAY
 CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE ☐
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 CITY-ST-ZIP ☐ Delete

TITLE ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ PRESIDENT ☐ Change ☐ Addition
 NAME FLOREA, VIOREL
 STREET ADDRESS 569201 ARBOR CLUB WAY
 CITY-ST-ZIP BOCA RATON FL 33433

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

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

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

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

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

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:

VIOREL FLOREA (P)

9/6/02 561 392 2559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)