

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90106 018 ***550.00

DOCUMENT # L94987

1. Entity Name

VIOREL FLOREA ARCHITECT, P.A.



Principal Place of Business

**569201 ARBOR CLUB WAY
BOCA RATON FL 33433
US**

Mailing Address

**569201 ARBOR CLUB WAY
BOCA RATON FL 33433
US**

2. Principal Place of Business

301 LAKE SHORE DR.

3. Mailing Address

301 LAKE SHORE DR.

Suite, Apt. #, etc.

502

Suite, Apt. #, etc.

502

City & State

N PALM BCH, FL

City & State

N PALM BCH, FL

Zip

33403

Country

USA

Zip

33403

Country

WA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0211811

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOREA, VIOREL

**569201 ARBOR CLUB WAY
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

VIOREL FLOREA

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

301 LAKE SHORE DR. # 502

City

NORTH PALM BEACH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/18/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOREA, VIOREL 569201 ARBOR CLUB WAY BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOREA, VIOREL 301 LAKE SHORE DR. # 502 NORTH PALM BEACH, FL 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: VIOREL FLOREA 8/18/03 5614942980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)