03-21-2001 90014 022 ***150.00

200	. 01411		DU3	MESS) NEF	UNI	IOP
DOCU	MENT	# M4	7023	·			

1. Entity Name

GENE H. BIEBER-ARCHITECT, INC.

Principal Place of Business

Mailing Address

805 N.W. 8TH AVENUE DANIA FL 33004 BOS N.W. 8TH AVENUE DANIA FL 33004

|--|

Ne wo strane 2. Principal Place of Business 3. Mailing Address th ave NWSuite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ama Applied For City & State & State 4. FEI Number 59-2777813 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name BIEBER, GENE Street Address (P.O. Box Number is Not Acceptable) 805 N.W. 8 AVENUE DANIA FL 33004 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. SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BIEBER, GENE NAME STREET ADDRESS STREET ADDRESS 805 NW 8 AVE. CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST::ZIP CITY-ST-ZIP --☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/0Vt

954-9205271

Daytime Phone i

CR2E034 (10)