

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
 08-29-2001 90017 020 ***550.00

MSR502 AV

DOCUMENT # M96663

1. Entity Name

ARCHITRAVE INTERIOR GROUP, INC.

Principal Place of Business

**9111 SW 73 ST
 MIAMI FL 33173**

Mailing Address

**9111 SW 73 ST
 MIAMI FL 33173**

2. Principal Place of Business

15505 SW 74 CT

3. Mailing Address

15505 SW 74 CT

Suite, Apt. #, etc.

N

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. FEI Number

65-0072289

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAFFA, JOSEPH N.
 9111 SW 73RD ST
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **LEZLIE G. POYASTRO**

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

15505 SW 74 CT

City **MIAMI**

FL

Zip Code

33157

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

Lezlie G. Poyastro **LEZLIE G. POYASTRO**

Aug 13, 2001

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 12, 2001 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 **DP** ☐ Delete
 NAME **RAFFA, JOSEPH N.**
 STREET ADDRESS **9111 SW 73 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** ☐ Delete
 NAME **POYASTRO, LESLIE G.**
 STREET ADDRESS **15505 SW 74 CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Lezlie G. Poyastro **LEZLIE G. POYASTRO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 13/2001 305 7750282

Date

Daytime Phone #

CR2E034 (5/01)