

2001 UNIFORM BUSINESS REPORT (UBR)

0051651 AV

DOCUMENT # P00000076601

1. Entity Name
PLASENCIA ARCHITECT, INC.

Principal Place of Business: **284 WESTWARD DRIVE MIAMI SPRINGS FL 33166**

Mailing Address: **284 WESTWARD DRIVE MIAMI SPRINGS FL 33166**

2. Principal Place of Business: **284 WESTWARD DRIVE**

3. Mailing Address: **284 WESTWARD DRIVE**

City & State: **MIAMI SPRINGS, FL**

City & State: **MIAMI SPRINGS, FL**

Zip: **33166** Country: **U.S.A.**

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 9:30



REINSTATEMENT DO NOT WRITE IN THIS SPACE **01**

6. Name and Address of Current Registered Agent

PLASENCIA, ROGERIO
284 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name: _____

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

City: **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.

SIGNATURE: *Rogerio Plascencia* (NOTE: Registered Agent signature required when reinstating) DATE: **10.26.01**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PLASENCIA, ROGERIO SR. 284 WESTWARD DRIVE MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLASENCIA, ROGERIO JR. 284 WESTWARD DRIVE MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLASENCIA, ALEJANDRO 284 WESTWARD DRIVE MIAMI SPRINGS FL 33166	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004679446-1 -11/15/01--01001--017 ****750.00 ****750.00	<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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, if all other like empowered.

SIGNATURE: *Rogerio Plascencia* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED) DATE: **9-28-01** DAYTIME PHONE #: **305-863-1902**

CR2E034 (5/01)