FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am P00000076601 **DOCUMENT # Secretary of State** 1. Entity Name 01-21-2002 90055 017 ***150.00 PLASENCIA ARCHITECT, INC. Principal Place of Business Mailing Address 284 WESTWARD DRIVE 284 WESTWARD DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address 284 WESTWARD DEIVE 284 WESTWARN PRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-1037129 Not Applicable MIAMI GPRINGS Country \$8.75 Additional 5. Certificate of Status Desired 33166 33166 DADE DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLASENCIA, ROGERIO Street Address (P.O. Box Number is Not Acceptable) 284 WESTWARD DRIVE MIAMI SPRINGS FL 33166 Zip Code FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE TITLE □ Addition ☐ Delete PLASENCIA, ROGERIO SR. NAME NAME STREET ADDRESS 284 WESTWARD DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP Addition ☐ Delete TITLE **VPD** TITLE ☐ Change NAME PLASENCIA, ROGERIO JR. STREET ADDRESS 284 WESTWARD DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PLASENCIA, ALEJANDRO NAME STREET ADDRESS 284 WESTWARD DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a content of the corporation of the corp

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR