

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076969

1. Entity Name

ARCHITECTURAL ELEMENTS, INC.

Principal Place of Business

~~6590 COLLINS AVE #245~~  
~~MIAMI BEACH FL 33141 4694~~

Mailing Address

~~6530 COLLINS AVE #345~~  
~~MIAMI BEACH FL 33141 4694~~

2. Principal Place of Business

1345 Lincoln Road

Suite, Apt. #, etc.  
PH 5

City & State

Miami Beach, FL

Zip  
33139

Country

USA

3. Mailing Address

1345 Lincoln Road

Suite, Apt. #, etc.  
PH 5

City & State

Miami Beach, FL

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

GONZALEZ, RICHARD ESQ  
LAW OFFICE OF RICHARD GONZALEZ, P.A.  
407 LINCOLN ROAD SUITE 4-E  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Bradley E. Broerman

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

1345 Lincoln Road PH 5

City

Miami Beach

FL

Zip Code

33139

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

(NOTE: Registered Agent signature required when reinstating)

1-23-01

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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  
DPST  
BROERMAN, BRADLEY E  
600 NE 32ND STREET  
MIAMI FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVP  
Bradley E. Broerman  
1345 Lincoln Road PH 5  
Miami Beach, FL 33139 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

Date

305-282-0895

Daytime Phone #

0497003

CR2E034 (10/00)

FILED  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90266 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE