

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90005 018 ***158.75

DOCUMENT # P00000076969

1. Entity Name

ARCHITECTURAL ELEMENTS, INC.

Principal Place of Business

1345 LINCOLN RD.

PH5

MIAMI FL 33139

Mailing Address

1345 LINCOLN RD.

PH5

MIAMI FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1032003

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROERMAN, BRADLEY R

1345 LINCOLN RD

PH5

MIAMI BEACH FL 33139

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

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 \$150.00

After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
BROERMAN, BRADLEY E
1345 LINCOLN RD., PH5
MIAMI FL 33139



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GUIMERA, GISBERTO
6538 COLLINS AVE., #345
MIAMI BEACH FL 33141



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



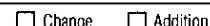
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
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CITY-ST-ZIP



Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



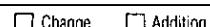
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



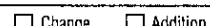
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02
Date

305-282-0895
Daytime Phone #

CR2E034 (9/01)