

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90212 015 ***150.00

DOCUMENT # P0000076969

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

**4250 SW 92ND AVE
Suite, Apt. #, etc.**

3. Mailing Address

**4250 SW 92ND AVE
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-1032003

Applied For

☐ Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROERMAN, BRADLEY R
1345 LINCOLN RD.
PH5
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name **BRADLEY BROERMAN**
Street Address (P.O. Box Number is Not Acceptable)
4250 SW 92ND AVE
City **DAVIE** FL Zip Code **33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent Signature required when re-statuting)

4/30/03

DATE

FILE NOW! FEE IS \$150.00

AFTER MAY 1, 2003 Fee WILL be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	BROERMAN, BRADLEY E	
STREET ADDRESS	1345 LINCOLN RD., PH5	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY BROERMAN	
STREET ADDRESS	4250 SW 92ND AVE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

4/30/03

Date

305-206-5094
Daytime Phone

CR2E034 (10/02)