•					***				
2003 FOR UNIFORM B	PROFIT USINESS	CORPOR REPOR	ATI	ON (BR)		A STATE OF THE STA			
DOCUMENT # P0100022417 . 1. Entity Name UBBAN + BLEHAR ARCHITECTURE, INC.									
Principal Place of Business 961 NW 8TH AVE BOYNTON BEACH FL 33426 Mailing Address 961 NW 8TH AVE BOYNTON BEACH FL 33426					O3 AUG 15 PM 3:15 SECRETARY OF STATE TALL AHASSEE, FLORIDA				
Principal Place of Business	·	Aailing Address				TALL AHASSES			
Suite, Apt. #, etc.	s	uite, Apt. #, etc.		-//		CHECK HERE IF MAKING CHANGES			
City & State	C	ity & State			4. FI	4. FEI Number APPLIED FOR Applied For Not Applied			
Zip Country		Zip Cou		untry 5.		Certificate of Status Desired		3.75 Add e Required	
6. Name and Addi	ess of Current Registe	ered Agent		25	7. N	ame and Address of New Regis	tered Age	∍nt	
URBAN, MAX				Name					
916 NW 8TH AVE				Street Addres	s (P.O. Bo	ox.Number.is:Not Acceptable)=_			
BOYNTON BEACH FL 33426	٠		F						
			}	City			FL	Zip Code	
28. The above named entity submits the obligations of registered agen		urpose of changing its	registered	office or regis	stered age	ent, or both, in the State of Florida	. I am fan	illiar with, a	and accept
SIGNATURE Signature, typed or printed name	ne of registered agent and title if	applicable. (NOTE	: Registered /	Agent signature requ	ired when rein	nstating)	DATE		 -
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 Added	May Be to Fees
	OFFICERS AND DIREC	DIRECTORS 11.			ADE	DITIONS/CHANGES TO OFFICE	RS AND D	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP THE URBAN, MAX 815 W. BOYNTON BOYNTON BEACH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[10002235; 09/15/03010610	819		Addition Addition	
TITLE V NAME BLEHAR, JON BLOSS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401			1					Change	Addition
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition

10. TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST THTLE NAME STREET ADDRESS STREET ADDRESS CITY:ST:ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/03

561-752-8033

Day me Phone #

Attachment

PD1000022417

MAX UPBAN WILL QUALIFY THIS

AMUTITECTURE FORM, HE HAS

SENT ALL LICENSE IMFORMATION

TO BOAND OF ARCHITECTURE AND INTERIOR

DESIGN

Also

UNBANT BUEHAR ARUHITRUTUME, INO 1498 CHANGE TO

MAX UPBAN AMUTTERTURE, INC.

ANY QUESTION 961 NW BAVE BOYNTON BUH, FC. 33 426 561-752-8033 * Also 1

AM FILING AS AN 1511 CONPORTATION please

ACREPT THIS APPLUATION

1 JUST RELEVE MY

FEI NUMBER.

42-1601037- AFTER

SEVENTY MIX-UPS-

THANKS MAX URBAN 561-752-8033 961 N.W. BANE BOYNTON BUT FC. 33476.