

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90037 049 ***150.00

DOCUMENT # **P01000036969**

1. Entity Name

NEOSTALGIC ARCHITECT, INC.

DO NOT WRITE IN THIS SPACE

851535

2. Principal Place of Business

Dianne Klenner

3. Mailing Address

PO Box 272713

Suite, Apt. #, etc.

530 Jefferson Dr. #116

Suite, Apt. #, etc.

City & State

Deerfield Beach

City & State

Boca Raton FL

4. FEI Number

65-1097610

Applied For

Not Applicable

Zip

Country

33442 USA

Zip

Country

33427 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dianne Klenner

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

530 Jefferson Dr. #116

City

Deerfield Beach, FL 33442

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **owner - Pres.**
NAME **Dianne Klenner**
STREET ADDRESS **530 Jefferson Dr. #116**
CITY-ST-ZIP **Deerfield Beach, Fl. 33442**

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #