FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90970 037 ***150.00

B00057414

DOCUMENT # P01000084469

1. Entity Name
BS ARCHITECTS, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
3440 HOLLYWOOD BLVD.		3440 HOLLYWOOD BLVD	
Suite, Apt. #, etc. 360		Suite, Apt. #, etc. 360	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33021	Country U.S.A	Zip 33021	Country USA

4. FEI Number 65-1133399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
Name LEONARDO A. ROTH, ESQ
Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD, STE 360
City HOLLYWOOD FL Zip Code 33021

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] LEONARDO A. ROTH, ESQ 3/19/02
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	P, VP, S, T, D
NAME	SANTURIAN, NAZARET
STREET ADDRESS	TUCUMAN 1458
CITY-ST-ZIP	CAPITAL FEDERAL, ARGENTINA
TITLE	VD
NAME	SANTURIAN, RUBEN
STREET ADDRESS	3440 HOLLYWOOD BLVD., STE 360
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] SANTURIAN, RUBEN VP 954-322-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #