2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P02000002997

1. Entity Name

ARCHER HOLDINGS, INC.

Principal Place of Business

FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90977 009 ***150.00

8305 SW 72 MIAMI FL 33	5 SW 72 AVE STE 304 8305 SW 72 AVE STE 304 MI FL 33144 MIAMI FL 33144											
2. Principal	Place of Business 01 S.W. QV +ey/s	3. Mailir	ng Address	 اما. ر	aln+a	01		î (Baitani ili Baita lîfaît Baita din.	II Bu it Ba ill			
Suite, Apt. #, etc. S.W. Q.Q +err Suite, Apt. #, etc.					<u></u>	. ☐ CHECK HERE IF MAKING CHANGES						
City & Sta			Miami, Florida					El Number 00399	72		pplied For	
33196 USA			196	ntry A			Certificate of Status Desired	\$8.75 Additional Fee Required				
	6. Name and Address of Current I		7. N	lame and Address of New Ro	egistered			┪				
ARCHER,	GENEVIEVE			•	Name	Arch	ner, Genevieve					
8305 SW.	72 AVE STE 304		<u> </u>		Street Ac	ddress (P	.O. Bo	ox Number is Not Acceptable)) 			_ .
MIAMI FL 33144								w. gu ter	ſ			7
					City 1	ham		····	FL	Zip Cog	le a l	7
8. The above	e named entity submits this statement for	the purpos	se of changing its	registere	ed office or	registere	od age	ent, or both, in the State of Flor			and accept	4
the obliga	tions of registered agent.		• •	Ü			9 -	or sound in this state of Flor	ida. Tam	arimar witt,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applica	able. (NOTE	E: Registered	d Agent signatur	re required w	vhen rein	nstating)	DATE			
	ILE NOW!!! FEE IS \$150.00									-		4
	r May 1, 2003 Fee will be \$550.00							9. Election Campaign Fina	ancing	\$5.0	00 May Be	-
Make Check	Repartment of	State					ł	Trust Fund Contribution	. [] Added	d to Fees	1
10.	OFFICERS AND D	DIRECTORS	 S	11.			ADD	DITIONS/CHANGES TO OFFIC	CEDS AND	DIDECTOR	C IN 11	_
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NAME	ARCHER, GENEVIEVE			NAME						☐ Onlinge	Addition	1 3
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CITY-ST-ZIP	MIAMI FL 33144			CITY-	ST-ZIP	,						3
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NAME	ARCHER, GENEVIEVE			. NAME	:					change	L_J Addition	1
	8305 SW 72 AVE STE 304			STREE	T ADDRESS							
CITY-ST-ZIP	MIAMI FL 33144			CITY-	ST-ZIP							
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TITLE			☐ Delete	TITLE						☐ Change	Addition]
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STREET ADDRESS				STREET	ADDRESS					•		
CITY-ST-ZIP				CITY-S								
12. I hereby c	ertify that the information supplied with th	is filing do	es not qualify for t	ha ever	ntion states	d in Conti	on 110	0.07(0)(i) Flacida Ctata to 1.1				1

indicated on this report or 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 charged, or on an attachment of the corporation of 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

SIGNATURE:

SIGNATURE AND TYPES OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 19 03 305-382-08