

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000122028

1. Entity Name
A & H ARCHITECTS INC.**FILED**
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91438 020 ***150.00

Principal Place of Business Mailing Address
535 NE 129th St., 1535 NE 129th St.,
Miami FL 33161 Miami FL 33161

2. Principal Place of Business 3. Mailing Address
1535 NE 129 ST SAME AS #2

Suite, Apt. #, etc. Suite, Apt. #, etc.

OFFICE

City & State City & State

NORTH MIAMI FL

Zip Country Zip Country
33161 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Apply for Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BETTS, HARLAN
50 NE 129th Street.,
Miami FL 33161

7. Name and Address of New Registered Agent

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

City FL Zip Code

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 filed application.

(NOTE: Registered Agent signature required when renouncing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2003 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BETTS, HARLAN
STREET ADDRESS 50 N.E 129th Street
CITY-ST-ZIP Miami FL 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 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

HARLAN BETTS

4/24/03

305-899-9773

Date

Daytime Phone #

CR2E034 (11/00)