

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

FILED

03 NOV 18 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36365

1. Entity Name

ARCHICOUSTICS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7225 NW 25th STREET

Suite, Apt. #, etc.

STE 300

City & State

MIAMI, FLORIDA

Zip

33122

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1728774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CLAUDE VENET

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

630 NE 55 STREET

City

MIAMI

FL

Zip Code
33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

10-28-2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDP
CLAUDE VENET
630 NE 55th STREET
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
CLAUDE VENET
630 NE 55th STREET
MIAMI, FL 33137**

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental statement 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 on an attachment with an address, with all other like approvals.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-2003

DATE

(Continued Page #)

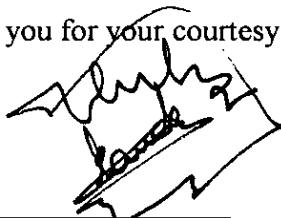
CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

Please be advise that we did not receive the U.B.R. for the year 2003 or any other notice from the Division of Corporations in respect with the Corporation **ARCHICOUSTICS, INC.**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read "Claude Venet", is written over a rectangular box. The signature is stylized and cursive.

CLAUDE VENET
PRESIDENT