

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90192 048 ***158.75

DOCUMENT # P38237

1. Entity Name
RBB ARCHITECTS INC.



Principal Place of Business
**10980 WILSHIRE BLVD.,
LOS ANGELES CA 90024**

Mailing Address
**10980 WILSHIRE BLVD.,
LOS ANGELES CA 90024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-2274729**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BALBONA, NELSON
11701 NW 100 RD.,
MEDLEY FL 33178**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	V	<input type="checkbox"/> Delete
NAME	BORDER, ARTHUR E	
STREET ADDRESS	10980 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	P	<input type="checkbox"/> Delete
NAME	JAFFE, JOEL A.	
STREET ADDRESS	10980 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	V	<input type="checkbox"/> Delete
NAME	PURCELL, WILLIAM DENEYS	
STREET ADDRESS	10980 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	C	<input type="checkbox"/> Delete
NAME	BALBONA, JOSEPH A	
STREET ADDRESS	10980 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOTERO, SYLVIA	
STREET ADDRESS	10980 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joel A. Jaffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

(310) 473-3555

Date

Daytime Phone #

CR2E034 (10/02)