

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005329

1. Entity Name  
MRI ARCHITECTURAL GROUP, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90039 003 \*\*\*150.00

Principal Place of Business  
320 E. SOUTH STREET  
SUITE 150  
ORLANDO FL 32801  
US

Mailing Address  
320 E. SOUTH STREET  
SUITE 150  
ORLANDO FL 32801-3507  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number  
59-3151534

Applied For  
Not Applicable

Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

IKEGAMI, PETER M  
320 E. SOUTH STREET  
SUITE 150  
ORLANDO FL 32801

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP/T  
NAME RIBAR, JOHN L.  
STREET ADDRESS 1802 S. FISKE BLVD., SUITE 108  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE  
NAME  
STREET ADDRESS 3000 N. Atlantic Ave, suite 205  
CITY-ST-ZIP Cocoa Beach, FL. 32931

TITLE P  
NAME IKEGAMI, PETE M  
STREET ADDRESS 320 E. SOUTH ST., SUT. 150  
CITY-ST-ZIP ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME CELONES, BIENVENIDO N.  
STREET ADDRESS 320 E. SOUTH ST., SUT. 150  
CITY-ST-ZIP ORLANDO FL 32801

TITLE VP/S  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME HARREL, JOANNE B.  
STREET ADDRESS 320 E. SOUTH ST., SUT. 150  
CITY-ST-ZIP ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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: Bienvendido N. Celones 1/26/00 407-245-3660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)