

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90013 025 ***550.00

DOCUMENT # P92000011101

1. Entity Name

P. YRAN AND B. STORBRAATEN ARCHITECTS, INC.

Principal Place of Business

80 SW 8TH ST
 STE 2230
 MIAMI FL 33130
 US

Mailing Address

80 SW 8TH ST
 STE 2230
 MIAMI FL 33130
 US

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

65-0394597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent.

7. Name and Address of Registered Agent

DADY, ROBERT E. OH.
200 S BISCAYNE BLVD., SUITE #2100
FIELDSTONE, LESTER & SHEAR OH.
MIAMI FL 33131

Name

DADY, ROBERT E.

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

201 ALHAMBRA CIRCLE, STE. 601

FIELDSTONE, LESTER & SHEAR

City

CORAL GABLES

FL

Zip Code

33134

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

ROBERT E. DADY

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

(NOTE: Registered Agent signature required when resigning)

8-7-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☒ Delete
 NAME **NAERSTAD, BJORN**
 STREET ADDRESS **80 SW 8TH ST #2230**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PRESIDENT + DIRECTOR** ☒ Change ☐ Addition
 NAME **BJORN STORBRAATEN**
 STREET ADDRESS **80 SW 8TH ST. # 2230**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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

Date

Daytime Phone #

7/27/00 305 381-6124

CR2E034 (5/00)