

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91605 007 ***150.00

DOCUMENT # P93000018112

1. Entity Name
H&R ARCHITECTURE & DESIGN, P.A.

Principal Place of Business

**846 LINCOLN ROAD
 5TH FLOOR
 MIAMI BEACH FL 33139
 US**

Mailing Address

**846 LINCOLN ROAD
 5TH FLOOR
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

750 ESPANOLA WAY

3. Mailing Address

750 ESPANOLA WAY

Suite, Apt. #, etc.

A 11

Suite, Apt. #, etc.

A 11

City & State

M.B., FL

City & State

M.B., FL

Zip

33139

Country

USA

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

**ROBERTSON, DANIEL L
 846 LINCOLN RD. 5TH FL
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0406781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

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, 2002 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

TITLE **P** ☐ Delete
 NAME **ROBERTSON, DANIEL L**
 STREET ADDRESS **846 LINCOLN RD. 5TH FLOOR**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VP** ☒ Delete
 NAME **HAWRYLEWICZ, PETER**
 STREET ADDRESS **2421 LAKE PAN COAST DR. PENTHOUSE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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
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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

Date

Daytime Phone #

CR2E034 (9/01)