2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000031870** May 11, 2000 8:00 am Secretary of State PACETTI ARCHITECTS, INC. 05-11-2000 90263 014 ***158.75 Principal Place of Business Mailing Address 7134 SW 117TH AVE 7134 SW 117TH AVE MIAMI FL 33183-2808 MIAMI FL 33183 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0410411 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \mathbf{X} Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name **DENNIS, ROSE** Street Address (P.O. Box Number is Not Acceptable) 1533 SUNSET DR CORAL GABLES FL 33143 1450 Madruga Avenue - Suite 206A Coral Gables 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 March 17, 2000 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be --- After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 1 11. ☐ Addition Delete TITLE TITLE PACETTI, RICHARD M NAME NAME 7134 SW 117TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE PACETTI, KATHRYN NAME STREET ADDRESS 7134 SW 117TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE CANINO, LORETTA R -NAME NAME STREET ADDRESS 1137 BEAVERBROOK LN STREET ADDRESS CITY-ST-ZIP **DESOTO TX** CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the 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 trusted 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 attackment with an adaress, with all other like empowered.

Richard Pacetti, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: