

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067355

1. Entity Name

ARCHITECTS ABROAD, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90041 025 ***150.00

Principal Place of Business

44 MONTGOMERY ST.
 #500
 SAN FRANCISCO CA 94104
 US

Mailing Address

44 MONTGOMERY ST.
 #500
 SAN FRANCISCO CA 94104-4807
 US

2. Principal Place of Business

601 California St.

3. Mailing Address

601 California St.

Suite, Apt. #, etc.

16TH FLOOR

Suite, Apt. #, etc.

16TH FLOOR

City & State

SAN FRANCISCO

City & State

SAN FRANCISCO

Zip

94108

Country

US

Zip

94108

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3222145

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 New Registered Agent

BEINER & NUSSBAUM, PA,
 2000 GLADES ROAD #110
 NATIONS BANK BUILDING
 BOCA RATON FL 33431-8504

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPST:
 GOLAN, ODED
 44 MONTGOMERY ST
 SAN FRANCISCO CA 94104

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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:

Laura J. Hahn

Laura J. Hahn

4-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)