

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022128

1. Entity Name

AMERICAN ARCHITRAVE INTERNATIONAL, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90252 006 ***150.00

Principal Place of Business

ONE S. OCEAN BLVD.
 SUITE 4
 BOCA RATON FL 33432
 US

Mailing Address

ONE S. OCEAN BLVD.
 SUITE 4
 BOCA RATON FL 33432-5144
 US

2. Principal Place of Business

3. Mailing Address

1810 SABEL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH FL

4. FEI Number

58-2164953

Applied For

Not Applicable

Zip

Country

Zip

Country

33442

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

KRAMER, CHARLES
 ONE S. OCEAN BLVD.
 SUITE 4
 BOCA RATON FL 33432

Name

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

1810 SABEL DRIVE

City

Deerfield Bch.

FL

Zip Code

33442

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

4/2/00

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 PSVT
 NAME KRAMER, CHARLES
 STREET ADDRESS ONE S. OCEAN BLVD.#4
 CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
 NAME KRAMER, JENNIFER
 STREET ADDRESS ONE S. OCEAN BLVD.
 CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 (9/99)