

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053090

1. Entity Name
DEGEN MAJKA KROELL ARCHITECTURE, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90241 027 ***150.00

Principal Place of Business

135 N.E. 40 STREET
MIAMI FL 33137

Mailing Address

135 N.E. 40 STREET
MIAMI FL 33137

2. Principal Place of Business

139 N.E. 40 STREET
Suite, Apt. #, etc.

3. Mailing Address

139 N.E. 40 STREET
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number **65-0604682**

Applied For

Not Applicable

Zip

Country

33137

DADE

Zip

Country

33137

DADE

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

TANNENBAUM, EUGENE
6230 S.W. 83RD AVE.
MIAMI FL 33134

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, 2001 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 **P** ☐ Delete
NAME **DEGEN, JEFFREY B**
STREET ADDRESS **2850 EMATHLA ST ET**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **OK** ☒ Change ☐ Addition
NAME **OK**
STREET ADDRESS **139 N.E. 40 STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Delete
NAME **MAJKA, GARY**
STREET ADDRESS **2850 EMATHLA ST ET**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **OK** ☒ Change ☐ Addition
NAME **OK**
STREET ADDRESS **139 N.E. 40 STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 reports 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, 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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)