

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054298

1. Entity Name

ARCHITRONICS ARCHITECT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90132 046 ***150.00

Principal Place of Business

Mailing Address

19080 N.W. 78TH AVENUE
MIAMI FL 33015

P.O. BOX 174105
HIALEAH FL 33017-4105
US

2. Principal Place of Business

19080 N.W. 78th Ave

3. Mailing Address

P.O. Box 174105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mia Florida

City & State

Mia Florida

Zip

33015

Country

USA

Zip

33017

Country

USA

4. FEI Number

65-0718631

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

ZDRAVKOVIC, GRACIELA
19080 N.W. 78TH AVENUE
MIAMI FL 33015

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 PD ☐ Delete
NAME ZDRAVKOVIC, GRACIELA
STREET ADDRESS 19080 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI FL 33015

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

TITLE V ☐ Delete
NAME ZDRAVKOVIC, WILLIAM
STREET ADDRESS 19080 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI FL 33015

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Grace Zdravkovic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 (954) 557-0964

CR2E034 (9/99)