

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054451

1. Entity Name

Archive America of Georgia, Inc.

FILED

03 JAN 15 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3455 NW 54th Street

Suite, Apt. #, etc.

3. Mailing Address  
3455 NW 54th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
582265040

Applied For  
Not Applicable

Zip  
33142

Country  
USA

Zip  
33142

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Robert Fischer

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

3455 NW 54th Street

City  
Miami

FL Zip Code  
33142

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.

Robert Fischer

1/08/03

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
D/P  
Andrew Blank  
STREET ADDRESS  
3455 NW 54th Street, Miami, FL 33142  
CITY - ST - ZIP

TITLE  
NAME  
S/T  
Robert Fischer  
STREET ADDRESS  
3455 NW 54th Street, Miami, FL 33142  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Blank

1/08/03

(305) 633-8587

Date

Daytime Phone #

CR25346 (12/01)