

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

006871 AV

DOCUMENT # P96000078391

1. Entity Name

JAIME LICH ARCHITECT AND ASSOCIATES, INC.

(LP)

07-19-2001 90003 011 ***150.00

Principal Place of Business

**1565 N. PARK DRIVE
 103
 WESTON FL 33326
 US**

Mailing Address

**1565 N. PARK DRIVE
 103
 WESTON FL 33326
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4032 122ND DRIVE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0695800

Applied For

Not Applicable

Zip

Country

Zip

Country

33411

US

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

Name

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

City

FL

Zip Code

LI CHI, JAIME

1027 LIDO COURT

FORT LAUDERDALE FL 33326

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

7/10/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PSD** ☐ Delete
 NAME **LI CHI, JAIME**
 STREET ADDRESS **1027 LIDO COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/01

561-342-6762

CP2E034 (5/01)

Attachment Doc # P960000 78391

A0078190

Jaime Lichi Architect & Associates, Inc.

Mailing address:

4032 122 drive north

West Palm Beach, Florida 33411

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399**

Dear Sir or Mam:

I have moved from the previous address you have on record, and I did not receive your previous notice for the UBR. I made an address change, but unfortunately it did not take on time, and I did not remember that it was due. I am sending you the \$150.00 original fee in hope that you would accept it.

I regret any inconvenience I have caused you department.

Sincerely,


Jaime Lichi
Architect