

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90681 008 \*\*\*150.00

0378639 AV

**DOCUMENT # P96000078683**

1. Entity Name  
**YOSHINO ARCHITECTS, P.A.**

Principal Place of Business  
**7860 GLADES ROAD STE 225  
BOCA RATON FL 33434**

Mailing Address  
**7860 GLADES ROAD STE 225  
BOCA RATON FL 33434**



2. Principal Place of Business

3. Mailing Address

**6468 EAST ROGERS CIRCLE**  
Suite, Apt. #, etc.  
**3**

**6468 EAST ROGERS CIRCLE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

4. FEI Number **65-0698186**

Applied For  
Not Applicable

Zip

**33487**

Country

**PALM BCH**

Zip

**33487**

Country

**PALM BCH**

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

**YOSHINO, CANDACE T  
7860 GLADES ROAD  
BOCA RATON FL 33434**

Name

Street Address P.O. Box Number is Not Acceptable

**6468 EAST ROGERS CIRCLE**

City

**BOCA RATON**

FL

**33487**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD YOSHINO, DONALD T 7860 GLADES ROAD STE 225 BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD YOSHINO, CANDACE T 7860 GLADES ROAD STE 225 BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6681 N.W. 23 WAY BOCA RATON 33496</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6681 N.W. 23 WAY BOCA RATON, FL 33496</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Candace T. Yoshino**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/02 561-981-8000**  
Date Daytime Phone #

CR2E034 (9/01)