

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083568

1. Entity Name
ARCHIZONA ARCHITECT INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90126 033 ***150.00

Principal Place of Business
655 NORTH EAST 122ND STREET, #1
NORTH MIAMI FL 33161

Mailing Address
2410 SW 29TH WAY
FORT LAUDERDALE FL 33312

2. Principal Place of Business
2410 SW 29TH WAY

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL

City & State

Zip
33312

Country
BROWARD

4. FEI Number 65-0717662

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ASNES, RONALD ESQ.
701 PROMENADE DRIVE
SUITE 200
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

TITLE PVST
NAME DI STEFANO, SCOTT MICHAEL
STREET ADDRESS 655 NORTH EAST 122ND STREET, #1
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D
NAME DI STEFANO, SCOTT MICHAEL
STREET ADDRESS 655 NORTH EAST 122ND STREET, #1
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE
NAME
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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 754.3168800
Date Daytime Phone #

1254244

CR2E034 (10/00)