

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025019

1. Entity Name

ARCHITECTURAL CAD PRODUCTIONS, CORP.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90068 041 ***155.00

Principal Place of Business

4625 NW 99TH AVENUE
 #107
 MIAMI FL 33178

Mailing Address

4625 NW 99TH AVENUE
 #107
 MIAMI FL 33178

140048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4625 NW 99th AV.
 Suite, Apt. #, etc.
 #107

3. Mailing Address

4625 NW 99th AVE.
 Suite, Apt. #, etc.
 #107

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number 65-0741667

Applied For
 Not Applicable

Zip
 33178

Country
 DADE

Zip
 33178

Country
 DADE

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

LEGER, MICHELLE
 9635 SW 138TH AVE
 MIAMI FL 33186

Name
 LEGER, MICHELLE
 Street Address (P.O. Box Number is Not Acceptable)

4625 NW 99th AVE. #107

City MIAMI FL Zip Code 33178

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 *Michelle Leger*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/2000

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 P
 NAME LEGER, MICHELLE
 STREET ADDRESS 4625 NW 99TH AVENUE #107
 CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE P
 NAME LEGER, MICHELLE
 STREET ADDRESS 4625 NW 99th AVE. #107
 CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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

Michelle Leger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000
 Date

Daytime Phone #

CR2E034 (9/99)