

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000076271****1. Entity Name****BERRY, RINCON & FERNANDEZ ARCHITECTURAL CORPORATION****Principal Place of Business**1460 BRICKELL AVE
SUITE 310
MIAMI
33131

FL

Mailing Address1460 BRICKELL AVE
SUITE 310
MIAMI
33131

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable**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**BERRY JUAN E
1460 BRICKELL AVE
SUITE 310
MIAMI
33131

FL

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 **JUAN E. BERRY****04/29/2000**

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, 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 VTD ☐ Delete
NAME FERNANDEZ MARIA EUGENIA
STREET ADDRESS 1460 BRICKELL AVE, STE 310
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VSD ☐ Delete
NAME RINCON CAMILA
STREET ADDRESS 1460 BRICKELL AVE, STE 310
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☐ Delete
NAME BERRY JUAN E
STREET ADDRESS 1460 BRICKELL AVE, STE 310
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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: Camila Rincon

vtd

04/29/2000