

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102555

1. Entity Name

ARCHITECTURAL CONCEPTS AND MILLWORK INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90083 030 ***150.00

Principal Place of Business

2900 UNIVERSITY DRSTE 39
CORAL SPRINGS FL 33065

Mailing Address

2900 UNIVERSITY DRSTE 39
CORAL SPRINGS FL 33065-5083

2. Principal Place of Business

3501 University Drive

Suite, Apt. #, etc.

Suite 211

City & State

Coral Springs, FL

Zip

33065

Country

3. Mailing Address

3501 University Drive

Suite, Apt. #, etc.

Suite 211

City & State

Coral Springs, FL

Zip

33065

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0796798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEFTMAN, MARC
3860 NW 78TH WAY
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

MARC Geftman

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

3501 University Drive

Suite 211

City

Coral Springs

FL

Zip Code
33065

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GEFTMAN, MARC 2900 UNIVERSITY DR STE 39 CORAL SPGS FL 33065	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3501 University Drive Ste 211 Coral Springs, FL 33065	
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
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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 I am empowered.

SIGNATURE: MARC Geftman

(954) 345-5173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)