

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104972

1. Entity Name

RLA ARCHITECTS, P.A.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90024 047 ***158.75

Principal Place of Business

Mailing Address

330 SW 27TH AVE
 STE 406
 MIAMI FL 33135
 US

330 SW 27TH AVE
 STE 406
 MIAMI FL 33135-2967
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0805007

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARRONTE, RAMON L
 2655 COLLINS AVE
 SPT 1203
 MIAMI BEACH FL 33135

Name RAMON L. ARRONTE

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

2655 COLLINS AVE. APT 1606

City MIAMI BEACH

FL

Zip Code
33140

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

Ramon L. Arronte

RAMON L. ARRONTE PRESIDENT

4-17-2000

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 P ☐ Delete
 NAME ARRONTE, RAMON L
 STREET ADDRESS 2655 COLLINS AVENUE #1203
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE P ☒ Change ☐ Addition
 NAME ARRONTE, RAMON L.
 STREET ADDRESS 2655 COLLINS AVE APT. 1606
 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ 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:

Ramon L. Arronte

RAMON L. ARRONTE PRES.

4-17-00

305-642-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)