

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # **P98000028496**

Entity Name

ARCHIPLAN USA CORPORATION

06-19-2000 90007 012 ***150.00

P98000028496

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 3:09

Principal Place of Business
**17891 S DIXIE HWY
STE F
MIAMI FL 33157**

Mailing Address
8440 SW 136 TERR

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33158

4. FEI Number
58-2391928

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PAULO J. CHANG
8440 SW 136 TERRACE
MIAMI FL 33158**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **X**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renewing) 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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	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 a power like empowered.

SIGNATURE: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/98)

2012

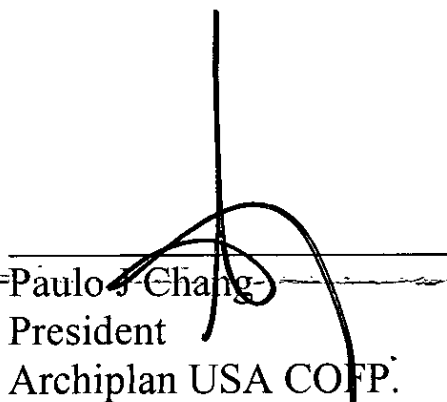
June 27, 2000

Department of State
Division of Corporation
Tallahassee, Fl

Ref: Doc P98000028496

We had enclosed a check for \$150.00 for the renewal fees for Archplan USA Corporation. We did not get the form to file on time, and by the time we got the form from the State it was late. We request abatement on the penalty.

Thank you,



Paulo J. Chang
President
Archiplan USA COFP.
178791 SW S Dixie Hwy
Miami Florida 33157