FROM : FAX NO. :

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90213 006 ***150.00

DOCUMENT # P98000061630

1. Entity Name

ARCHITRONICS DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
9960 NW 116TH WAY SUITE 7 MEDLEY FL 33178	9960 NW 116TH WAY SUITE 7 MEDLEY FL 33178-1174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9710 Dominican Drive Suite, Apt. #, etc.
City & State	City & State: Miami FL
Zip / Country	Zip: 33189 / Country: USA

4. FEI Number 65-0853979 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROENZA, PAUL
11440 SW 131 STREET
MEDLEY FL 33178

7. Name and Address of New Registered Agent

Name: Robert Proenza
Street Address (P.O. Box Number is Not Acceptable): 9710 Dominican Drive
City: Miami FL Zip Code 33189

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 [signature]
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: D NAME: PROENZA, PAUL STREET ADDRESS: 11440 SW 131 STREET CITY-ST-ZIP: MIAMI FL 33178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: PROENZA, ROBERT STREET ADDRESS: 9404 SW 140TH COURT CITY-ST-ZIP: MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS: 9710 Dominican Drive / CITY-ST-ZIP: Miami, FL 33189 ☐ Change ☐ Addition
TITLE: D NAME: PEREZ, REINALDO STREET ADDRESS: 15348 SW 151 TERRACE CITY-ST-ZIP: MIAMI FL 33196	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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: [signature] 4/24/00 (305) 255-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #