

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90180 022 ***150.00

DOCUMENT # P98000080402

1. Entity Name
RUSTEM KUPI, ARCHITECT, P.A.

Principal Place of Business
7601 S. FLAGLER DR
WEST PALM BEACH FL 33405

Mailing Address
7601 S. FLAGLER DR
WEST PALM BEACH FL 33405

2. Principal Place of Business
205 GEORGE BUSH BLVD

3. Mailing Address
205 GEORGE BUSH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33444

Country

Zip
33444

Country

4. FEI Number **65-0867609**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KUPI, RUSTEM
7601 S. FLAGLER DR
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
205 GEORGE BUSH BLVD
 City **DELRAY BEACH FL** Zip Code **33444**

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 **RUSTEM KUPI, PRES.** **3/3/02**
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, 2002 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 **D** ☐ Delete
 NAME **KUPI, RUSTEM**
 STREET ADDRESS **7601 S. FLAGLER DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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.

RUSTEM KUPI

3/3/02

561-272-9595

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)