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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90027 005 ***150.00

DOCUMENT # P98000091968

1. Entity Name
ARDEN ARCHITECTURAL GROUP, INC.

Principal Place of Business	Mailing Address
215 SAN LORENZO AVENUE SUITE A CORAL GABLES FL 33146	P O BOX 530806 MIAMI SHORES FL 33153

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4081 LAGUNA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL.	City & State
Zip: 33146 Country: USA	Zip Country

4. FEI Number 65-0876919 — Applied For / Not Applicable

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
ARDEN, DENIS E 215 SAN LORENZO AVENUE SUITE A CORAL GABLES FL 33146	Name: KENNETH CLAUSSEN Street Address (P.O. Box Number is Not Acceptable): 4075 PONCE DE LEON BLVD. SUITE 305 City: CORAL GABLES FL. Zip Code: 33146

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: K F Claussen 1-28-01
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, 2001 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 / STREET ADDRESS / CITY-ST-ZIP	D ARDEN, DENIS E 215 SAN LORENZO AVENUE CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARDEN, JAMIE M 215 SAN LORENZO AVENUE CORAL GABLES FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: DENIS E. ARDEN 1/16/2001 305 758 0652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #