

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90003 005 \*\*\*150.00

**DOCUMENT # P99000012985**

1. Entity Name  
**N Q B ARCHITECT INCORPORATED**

P

00082080



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6415 N.W. FIRST PLACE MIAMI FL 33150	Mailing Address 6415 N.W. FIRST PLACE MIAMI FL 33150
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0897735</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BELCHER, NATANIEL Q**  
**6415 N.W. FIRST PLACE**  
**MIAMI FL 33150**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELCHER, NATHANIEL Q</b> <b>6415 N.W. FIRST PLACE</b> <b>MIAMI FL 33150</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Nathan Belcher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/00 305-257-3320  
Date Daytime Phone #

CFR2E034 (5/00)

Attachment Doc# : P99000012985  
00082 030

Architectural / Interior Design Services

**NQB Architect Incorporated**  
AR -0016200 . ID -0004188

(305) 757-3320

FOR THE STATE OF FLORIDA  
OFFICE OF THE CLERK  
MIRIAM MOSKOWITZ  
TALLAHASSEE, FLORIDA

Attn: Divisions of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

August 23, 00

To whom it may concern,

NQB Architect Incorporated is a small, architectural firm based in Miami and it was only incorporated within the past year. I have only recently become aware that this Uniform Business Report is past due. I deeply apologize for the delay and I unfortunately have no record of receiving the first notice. I realize that my infraction has significantly increased my filling fee.

I recently contacted your office, by phone regarding this matter. It was suggested that I remit the normal \$150.00 filling fee and request leniency regarding the automatically imposed late surcharge. This request is based on my failure to receive the first notice, and my unawareness of the Florida's filling processes. I realize that this request is totally at the discretion of your office and I will abide by what ever decision you make.

Thank-you in advance for your consideration.

I hope this is clear. Please feel free to contact me for any reason.

Sincerely,

  
Nathaniel Quincy Belcher, AIA.

6415 NW First Place  
Miami, FL 33150  
305 757-3320 . V  
305 757-6255 . F