

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049267

1. Entity Name

ARCHICONCEPT GROUP INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90050 023 ***155.00

Principal Place of Business

Mailing Address

5901 NW 151 ST. SUITE 217
MIAMI LAKES FL 33014

5901 NW 151 ST. SUITE 217
MIAMI LAKES FL 33014-2451

2. Principal Place of Business

3. Mailing Address

8220 NW 154th TERR

8220 NW 154th TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI LAKES

MIAMI LAKES

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

33016

U.S.A.

Zip

Country

33016

U.S.A.

4. FEI Number

65-0923160

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

ESPINOSA, PEDRO
5901 NW 151 ST. SUITE 217
MIAMI LAKES FL 33014

Name
ALEXANDER L. GARCIA

Street Address (P.O. Box Number is Not Acceptable)
8220 NW 154th TERR.

City MIAMI LAKES FL Zip Code 33016

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

ALEXANDER L. GARCIA

1/14/00

Signature of registered agent 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 PD
NAME ESPINOSA, PEDRO ☒ Delete
STREET ADDRESS 5901 NW 151 ST. SUITE 217
CITY-ST-ZIP MIAMI FL 33014

TITLE PD
NAME ALEXANDER L. GARCIA ☒ Change ☐ Addition
STREET ADDRESS 8220 NW 154th TERR
CITY-ST-ZIP MIAMI, FL 33016

TITLE V
NAME GARCIA, ALEXANDER L ☐ Delete
STREET ADDRESS 5901 NW 151 ST. SUITE 217
CITY-ST-ZIP MIAMI FL 33014

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

ALEXANDER L. GARCIA

1/14/00

(305) 826 3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)