## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900074521

1. Entity Name

ARCHITECTURE TREASURES, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90845 041 \*\*\*150.00

1118 NORTH	15TH AVE STE 11	Mailing Address 1118 NORTH 15TH AVE STE 11 HOLLYWOOD FL 33020								
2. Principal P	lace of Business	3. Ma	ling Address		J-11-					
0.5.4.1	11 -1-	Cuit	e, Apt. #, etc.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	RIHA, BONNIE S 1118 NORTH 15TH AVE., STE 11 HOLLYWOOD FL 33020  The above named entity submits this statement the obligations of registered agent.  SINATURE  Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 ake Check Payable to Florida Department  OFFICERS AN	City	& State		4.		FEI Number 65-0940535		Applied For	
7in Country		Zip Cour			TV				Not Applicable ditional	
Zip	Country	الم الم		Courn	, у	5. (		ee Requi		
	6. Name and Address of Current I	Register	ed Agent		7. Name and Address of New Registered Agent					
				_	Name	- "				
RIHA. BOI	NNIE S				<u> </u>	·00 B	No. 1 in Nich Annual India			
•					Street Address	et Address (P.O. Box Number is Not Acceptable)				
, «HULLYWU	JUD FL 33020				_					
· · · :					City		FL	Zip Co	ode	
0 TI			and of changing its re	oiotore	d office or regist	orod oo	ant or both in the State of Florida I am fa	miliar wit	h and accent	
		the burk	bose or changing its re	gistere	o onice or regist	cicu ay	shi, or both, in the state of florida. Tairrid	irmica mi	n, and decop.	
	ions of regions agoni.			•						
SIGNATURE .			· · · ·							
	Signature, typed or printed name of registered agent a	nd title if ap	olicable. (NOTE: I	Registere	d Agent signature requi	red when re	instating) DATE			
ν² ' F	ILE NOW!!! FEE IS \$150.00						S. Flanting Compaign Financing	фE	00	
After May 1, 2003 Fee will be \$550.00							<ol> <li>Election Campaign Financing   Trust Fund Contribution.</li> </ol>	scing \$5.00 May Be Added to Fees		
Make Check	k Payable to Florida Department of	State					ridat i dila communiti.	7,00	00 10 1 000	
10.	OFFICERS AND	DIRECTO	DRS	11.		ĀD	DITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 11	
TITLE	D		☐ Delete	TITLE				☐ Change	e 🔲 Addition	
NAME	RIHA, BONNIE S			NAM	<u> </u>					
STREET ADDRESS	1118 NORTH 15TH AVE., STE 11			STRE	ET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY	- ST-ZIP					
TITLE			☐ Delete	TITLE				Change	e 🔲 Addition	
NAME			- Delete	NAM	<b>I</b>			3		
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CITY-ST-ZIP					-ST-ZIP					
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

SIGNATURE: \_

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE REQUIRED

☐ Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

☐ Change

Change

Addition

Addition