

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085072

1. Entity Name  
ARCHITECTURAL SOLUTIONS OF FLORIDA, INC.Principal Place of Business  
20368 HACIENDA COURT  
BOCA RATON FL 33498

Mailing Address

20368 HACIENDA COURT  
BOCA RATON FL 334982. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
Zip      Country

City &amp; State

4. FEI Number

65-0951728

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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: PTD  
NAME: LANDESMAN, STEVEN J  
STREET ADDRESS: 20368 HACIENDA COURT  
CITY-ST-ZIP: BOCA RATON FL 33498 DeleteTITLE: SVD  
NAME: LANDESMAN, SHARON  
STREET ADDRESS: 20368 HACIENDA COURT  
CITY-ST-ZIP: BOCA RATON FL 33498 DeleteTITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  AdditionTITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  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: *John A. Landesman*

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 501477 0108

Date

Day/Time Phone #

0409461  
AVFILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90022 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)