2000	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)

DOCUMENT # <b>P99000105069</b> 1. Entity Name							et de la companya de			
ART & ARCHITECTURE DESIGN, INC						FILED				
ANT WATER POST DESIGN, WIS					į	00 SEP 25 AM II: 03				
Principal Place	e of Business	Mailing Address	Mailing Address							
3095 AW 100 STREET #004		3005 NW 100 STREET #204			· F	SECRETARY OF STATE TALLAHASSEE FLORIDA				
MAMIBEACH R 33/39 MIAMIBEACHFLB31			-,-				11 <b>90</b> 1} <b>7 8</b> †11	10 anu s <b>a a</b> t		
MI AMI BEACK R 3 3/39 FMIAMI BEACK FC3  2. Principal Place of Business  3. Mailing Address			WTC3	2/37						
2. 1 (morpai i	add of Basinoss					ı			- 14 <b>BB</b> (10 B)(1	# I#II I##I
Suite, Apt. #, etc.		Suite, Apt. #, etc.			İ		DO NOT WRITE I	1 THIS SPAC	Æ	
City & State		City & State					Number - 0974178		Not	plied For t Applicable
Zip	Country	Country Zip Coun		try		<b>5.</b> Cer	tificate of Status Desired		. <b>75</b> Addi Required	
	6. Name and Address of Current Ro	istered Agent				7. Name and Address of New Registered Agent				
				Name						
	CIA, DIEGO	MICHICANA	VE	Street Ad	dress (P	(P.O. Box Number is Not Acceptable)				
	ITURA FL 33180 # 3	MICHIGAN A BEACH, FL 93	119			_				
	MIAM	I BEHCH FL >>	,,,,	City				FL	Zip Code	<del></del>
9 The shows	named entity submits this statement for t	he purpose of changing its	registere	ed office or	registere	d agent	or both, in the State of Florida			
o. The above	named entity submits this statement for t	the purpose of changing to	rogistore	00 011100 01	rogistore	a agon	, or board in this create or the re-			
SIGNATURE _		ANOT	E. Danistan	d Agent signat.	o required	when reinet	ational	DATE		<u> </u>
<del></del>	Signature, typed or printed name of registered agent and					WI JOHN POINSE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE  After MAY 1, 2000 Fee  Make Check Payable to Do			will be \$5	50.00	1	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing		May Be to Fees	
11.	OFFICERS AND D		12.				TIONS/CHANGES TO OFFICE	RS AND DIF	RECTORS	3 IN 11
TITLE	PTD	☐ Delete	TITL					A	Change	Addition
NAME STREET ADDRESS	SILVA, LEONOR A 3095 NW 190 STREET #304		NAM STRE	EET ADDRESS	161	M	I CHICANAVE I	<b>43</b>		
CITY-ST-ZIP	AVENTURA FL 33180		CITY	-ST-ZIP	MI	# jul	IBEACH. PL 3		,	
TITLE	VSD CARCIA DIFCO	☐ Delete	TITLI				<b>.</b>		Change	Addition
NAME STREET ADDRESS	GARCIA, DIEGO 3095 NW 190 STREET #304		NAM STRE	EET ADDRESS	161	IM	ChighNave A. Seach, FC 73.	3		
CITY-ST-ZIP	AVENTURA FL 33180		CITY	- ST-ZIP	MIA	MI !	SEACH FC 73.			
TITLE		☐ Delete	TITLI NAM				6000034	4159	386	Addition
NAME Street address				EET ADDRESS			-107057	/0001	124	-013
CITY-ST-ZIP			CITY	-ST-ZIP	<b> </b>		*************************************	30.00		
TITLE		☐ Delete	TITU						] Change	☐ Addition
NAME STREET ADDRESS				EET ADDRESS	ļ					
CITY-ST-ZIP		<u></u>	CITY	r-St-ZIP	ļ					
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NAME STREET ADDRESS				EET ADDRESS						:
CITY-ST-ZIP			-	r-ST-ZIP	ļ		<u></u>		100	
TITLE NAME		☐ Delete	TITL		<u> </u>				] Change	☐ Addition
STREET ADDRESS				EET ADDRESS					1	KE
CITY-ST-ZIP				r-st-zip	<u> </u>		2 - (-)(1) - (-) - (-)	41	also a second	
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.										
	تنا 🗙 مختشد 🎝 ر	الكنالا تعالما	126	DAD OC	A	516	UA 09/11/2000	8 857.	-58!	F-814
SIGNAT	UKE: /	<u>। । । । । । । । । । । । । । । । । । । </u>			-, •				<u>`</u>	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR