

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18246

1. Entity Name

A. TAQUECHEL ASSOCIATES, INC. ARCHITECTS-ENGINEER

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90058 042 ***158.75

700159



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4848 SW 74TH CT. ✓
MIAMI FL 33155
US

Mailing Address
740 MENDOZA AVENUE ✓
CORAL GABLES FL 33134-3720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 65-0236658
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

TAQUECHEL, AMARO ✓
4848 SW 74 CT
MIAMI FL 33155

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 _____ (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 P
NAME TAQUECHEL, AMARO ✓
STREET ADDRESS 4848 SW 74 CT
CITY-ST-ZIP MIAMI FL

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/2000 305/663-9688
Date Daytime Phone #

CR2E034 (9/99)