

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90054 014 ***158.75

DOCUMENT # S50967

1. Entity Name

IMRE EREG ARCHITECTS, INC.

Principal Place of Business

**6422 N.W. 5 WAY
 FT. LAUDERDALE FL 33309
 US**

Mailing Address

**6422 N.W. 5 WAY
 FT. LAUDERDALE FL 33309
 US**

2. Principal Place of Business

11575 HERON BAY BLVD

3. Mailing Address

11575 HERON BAY BLVD

Suite, Apt. #, etc.

Suite # 307

Suite, Apt. #, etc.

Suite # 307

City & State

CORAL SPRINGS, FLORIDA

City & State

CORAL SPRINGS, FLORIDA

Zip

33076

Country

BROWARD

Zip

33076

Country

BROWARD

4. FEI Number

65-0276136

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LYNCH, L. DAVID
 3000 NORTH FEDERAL HIGHWAY
 BUILDING #2, 2ND FLOOR
 FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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

April 25, 2001

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, 2001 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 **D** ☐ Delete
 NAME **EREG, IMRE**
 STREET ADDRESS **600 CORPORATE DR. SUITE 516**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: **IMRE EREG, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 25-2001, 954-510-0423

CR2E034 (10/00)