04/25/2002 01:41 0000000000 CGH MR

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-08-2002 90028 018 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51395

1. Entity Name

IDEAL ARCHITECTURAL DESIGN, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1900 Coral Way		1900 Coral Way	
Suite, Apt. #, etc. Ste. 205		Suite, Apt. #, etc. Ste.205	
City & State Miami, Fl.		City & State Mimai, Fl.	
Zip 33145	Country USA	Zip 33145	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0255142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Maria I. Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 2200 Country Club Prado
City: Coral Gables FL Zip Code 33134

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] MARIA I. GONZALEZ 4/25/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Maria I. Gonzalez 2200 Country Club Prado ~~Coral Gables, fl. 33134~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary - Treasurer Wilfredo V. Gonzalez 2200 Country Club Prado Coral Gables, Fl.33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARIA I. GONZALEZ 4/25/02 305-235-9573
Signature and typed or printed name of signing officer or director Date Daytime Phone #