FILED
May 29, 2002 8:00 am
Secretary of State
04-23-2002 90441 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59725

1. Entity Name
FLORIDA ARCHITECTURAL LIGHTING INC

[redacted]

87385

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2. Principal Place of Business	3. Mailing Address
1919 N.E. 45th ST.	1919 NE 45th ST
Suite, Apt. #, etc. STE 208	Suite, Apt. #, etc. STE 208
City & State FORT LAUDERDALE, FL.	City & State FORT LAUDERDALE FL.
Zip 33308 Country USA	Zip 33308 Country USA

4. FEI Number 65-0268069 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: ALVIN CAPP

Street Address (P.O. Box Number is Not Acceptable): 800 EAST BROWARD BLVD SUITE 608

City: FORT LAUDERDALE FL Zip Code: 33308

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: Jane Cohen — Jane Cohen — 4/4/02
(Signature of new registered agent, if applicable) (Name of Registered Agent typed or printed) (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	D, P, S.
NAME	JANE COHEN
STREET ADDRESS	3325 N.E. 42 CT
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33308
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CR2E034B (12/01)

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

SIGNATURE: Jane Cohen — 5/12/02 — President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Title if applicable)