

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003140

1. Entity Name
D'AGOSTINO, IZZO & QUIRK ARCHITECTS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90045 033 ***150.00

Principal Place of Business Mailing Address
1310 BROADWAY **1310 BROADWAY**
SOMERVILLE MA 02144 **SOMERVILLE MA 02144-1731**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 04-3298785	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TERCILLA, RAUL % ROUSE MIAMI, INC. 401 BISCAYNE BLVD., BAYSIDE MARKETPLACE MIAMI FL 33132		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	P D'AGOSTINO, BRUNO 72 LEXINGTON AVE. CAMBRIDGE MA 02138	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	S QUIRK, THOMAS D 55 LIVINGSTONE LANE WALTHAM MA 02154	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	OK B
TITLE <input type="checkbox"/> Delete	T IZZO, CHARLES 33 1/2 INMAN ST. CAMBRIDGE MA 02138	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 partner 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 titles removed.

SIGNATURE: **BRUNO D'AGOSTINO** _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)