

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003140

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 049 ***150.00

Principal Place of Business
1310 BROADWAY
SOMERVILLE MA 02144

Mailing Address
1310 BROADWAY
SOMERVILLE MA 02144



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 04-3298785		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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				Name			
% ROUSE MIAMI, INC.				Street Address (P.O. Box Number is Not Acceptable)			
401 BISCAYNE BLVD., BAYSIDE MARKETPLACE							
MIAMI FL 33132				City FL Zip Code			

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 _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'AGOSTINO, BRUNO			NAME			
STREET ADDRESS	72 LEXINGTON AVE.			STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA 02138			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUIRK, THOMAS D			NAME			
STREET ADDRESS	55 LIVINGSTONE LANE			STREET ADDRESS			
CITY-ST-ZIP	WALTHAM MA 02154			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IZZO, CHARLES			NAME			
STREET ADDRESS	74 LARCHWOOD			STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA 02138			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 REQUIRED 2.5.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)