

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90127 019 ***150.00

03989008 AV

DOCUMENT # P01000069038

1. Entity Name
CHRISTINA BUONICONTO, P.A.



Principal Place of Business
5772 NE 15TH AVE
FT LAUDERDALE FL 33334

Mailing Address
5772 NE 15TH AVE
FT LAUDERDALE FL 33334



2. Principal Place of Business
5772 NE 15 Ave.

3. Mailing Address
2508 Western Ave.

Suite, Apt. #, etc.
Ft. Lauderdale, FL

Suite, Apt. #, etc.
6-5

City & State
Ft. Lauderdale, FL

City & State
Alhambra, NY

Zip
33334

Country
U.S.

Zip
12009

Country
U.S.

4. FEI Number 65-1127782

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUNICONTO, CHRISTINA
5772 NE 15TH AVE
FT LAUDERDALE FL 33334

Name
Buoniconto, Christina

Street Address (P.O. Box Number is Not Acceptable)

5772 NE 15 Ave

City
Ft Lauderdale

FL

Zip Code
33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

4/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 5, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BUONICONTO, CHRISTINA	
STREET ADDRESS	5772 NE 15TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (518) 275-9605
Date Daytime Phone #

CR2E034 (10/02)