FILED
Apr 30, 2004 8:00 am 02
Secretary of State
04-30-2004 90318 040 ***150.00

FOR PROFIT CORPORATION 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15824

1. Entity Name
Duffy Rare Violins, Inc.

04046360

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2960 Oak Avenue Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State Coconut Grove, Florida	City & State	4. FEI Number 59-2782190 ☐ Applied For ☐ Not Applicable
Zip 33133 Country Miami-Dade	Zip Country	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
Barbara L. Duffy

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

City
Coral Gables, Florida 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 changing)

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	Barbara L. Duffy 441 Perugia Avenue Coral Gables, Florida 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 04/27/04 305/448-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #