2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M85846 Aug 16, 2000 8:00 am Secretary of State 1. Entity Name THOMAS D. DUANE & ASSOCIATES, INC. 08-16-2000 90002 010 ***150.00 Principal Place of Business Mailing Address 2655 LEJEUNE ROAD 2655 LEJEUNE ROAD SUITE 900 SUITE 900 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 16 serc 15/2 is GROVE ISLE A Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #1503 H1503 City & State Applied For City & State 4. FEI Number 65-0063817 MIAM mismi Not Applicable 3313 3 Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Dade DNJE Fee Required 3313 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUANE, THOMAS D. Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD, SUITE 900 **CORAL GABLES FL 33134** 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. C ☐ Addition Change TITLE TITLE ☐ Delete DUANE, THOMAS D. NAME NAME I GROVE ISLE DR # 1503 STREET ADDRESS 2655 LEJEUNE ROAD, SUITE 900 STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL** CITY-ST-ZIP MIRMI, FL 33/33 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS "CITY-ST-ZIP" CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)860-6224

attachment m 85846 A0073058



2670 N.E. 215th St. • Miami, FL 33180 • (305) 937-1040 Fax (305) 935-2041 • U.S.A. (800) 937-1040 Email: rlilienfeld@juno.com • WebSites: melnicklilienfeld.com estateplanning.com/mlcpa • www.ioweirs.com

August 1, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

RE: Thomas D. Duane & Associates, Inc. 65-0063817

To Whom it may concern:

During the past year, Thomas D. Duane & Associates, Inc. moved from Coral Gables to:

1 Grove Isle Drive Suite #1503 Miami, Fl 33134

In the move, the mail was never forwarded including this annual report. Enclosed is a check in the amount of \$150.00 to pay the annual fee. We are requesting that the late payment penalty be abated as the original annual report was not received by the entity.

Sincerely,

MELNICK, LILIENFELD & ASSOCIATES, CPA's

Certified Public Accountant