

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-21-2002 91201 011 ***150.00

DOCUMENT # P01000105349

1. Entity Name
GERALD S. DUTY, P.A.

Principal Place of Business
 1500 VENERA AVE., STE. 1C
 CORAL GABLES FL 33146

Mailing Address
 1500 VENERA AVE., STE. 1C
 CORAL GABLES FL 33146

96833



2. Principal Place of Business
 1101 Brickell Ave, Ste 804
 Suite, Apt. #, etc.

3. Mailing Address
 1101 Brickell Ave, Ste 804
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami FL
Zip
 33131
Country
 USA

City & State
 Miami FL
Zip
 33131
Country
 USA

4. FEI Number
 65-1147335

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUTY, GERALD S
 1500 VENERA AVE., STE. 1C
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
 Gerald S. Duty
Street Address (P.O. Box Number is Not Acceptable)
 1200 Standard Drive
City
 Coral Gables **FL** **Zip Code**
 33146

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

(NOTE: Registered Agent signature required when reinstating)

April 15, 2002
 DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
 President
NAME
 Gerald S Duty
STREET ADDRESS
 1101 Brickell Ave, Ste 804
CITY-ST-ZIP
 Miami FL 33131

☐ Delete

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002 *305 323 2800*
 Date Daytime Phone #

CR2E034 (9/01)