

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

DOCUMENT # **P02000016531**

1. Entity Name

BURIE, D'AUGELLI AND ASSOCIATES, INC.



Principal Place of Business

**2424 NW 35TH ST.
BOCA RATON FL 33431**

Mailing Address

**2424 NW 35TH ST.
BOCA RATON FL 33431**

2. Principal Place of Business

1300 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton, Florida

Zip

33432

Country

U.S.

3. Mailing Address

1300 N. Federal Hwy

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton, Florida

Zip

33432

Country

US

4. FEI Number

03-0437406

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**D'ALMEIDA, ARTHUR B
105 E. PALMETTO PARK RD.
BOCA RATON FL 33432**

Name

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

City

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

SIGNATURE

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 1, 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

CR2E034 (10/02)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURIE, GREGORY J 58 SW 15TH RD. BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> 2003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AUGELLI, RICHARD 2424 NW 35TH ST. BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard D'Augelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**561-
322-0141**

Date

Daytime Phone #