

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90263 045 ***150.00

05933339 AV

DOCUMENT # P02000120118

1. Entity Name
DURAN GROUP INC.



Principal Place of Business
**1903 ISLAND CIRCLE #204
KISSIMMEE FL 34731**

Mailing Address
**1903 ISLAND CIRCLE #204
KISSIMMEE FL 34731**



2. Principal Place of Business

3. Mailing Address

PO BOX 423146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KISSIMMEE, FL.

City & State

City & State

34742 Osceola

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURAN, RADHAMES
1903 ISLAND CIRCLE #204
KISSIMMEE FL 34731**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DURAN, RADHAMES**
CITY-ST-ZIP **PO BOX 423146
KISSIMMEE FL 34742**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DURAN, MAIRA**
CITY-ST-ZIP **PO BOX 423146
KISSIMMEE FL 34742**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03

CR2E034 (10/02)

Attachment
PO2000120118
20036154

4-28-03

To Whom it May Concern:

Duran Group Inc is an active account but has not put in to practice as of yet. I'm new in this state and desire the information on how I can obtain a federal I.D number when ready to start a business. I would appreciate you sending me information Please.

Thank you
Mung Luan