

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90043 042 \*\*\*150.00

**DOCUMENT # P94000017662**

1. Entity Name  
**DURAN-DURAN GROUP CORP.**

Principal Place of Business      Mailing Address

8518 S.W. 8TH ST.      8518 S.W. 8TH ST.  
 #327      #327  
 MIAMI FL 33144      MIAMI FL 33144

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0312608**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**DURAN, ESTRELLA**  
**9010 SW 17TH TERRACE**  
**MIAMI FL 33165**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DURAN, ESTRELLA</b>
STREET ADDRESS	<b>8518 S.W. 8TH ST. #327</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

**SIGNATURE:** **SICCO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/19/00**      **(305) 332-9273**  
 Date      Daytime Phone #

CR2E034 (5/00)

Attachment  
D# 094000017662  
00074923

**DURAN DURAN GROUP CORP.**  
8518 SW 8<sup>th</sup> Street # 327  
Miami, FL 33144

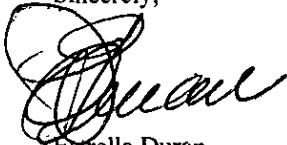
DIVISION OF CORPORATION  
UNIFORM BUSINESS REPORT FILING  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIR/ MADAM:

I spoke on the phone with one of your representative and I explained the fact that this is the **FIRST TIME THAT I BEEN BILL**. Please, accept my check for \$ 150.00.

Thank you for your prompt attention to this matter

Sincerely,



Estrella Duran  
President

PHONE: (305) 553-7615 FAX (305) 221-3923 CEL (305) 332-9273