

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90121 016 ***150.00

DOCUMENT # P94000070563

1. Entity Name

PATRICIA M. DURANTE, C.P.A., P.A.

Principal Place of Business

Mailing Address

**7462 TEXAS TR
BOCA RATON FL 33487**

**7462 TEXAS TR
BOCA RATON FL 33487-1418**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6620 Marbledtree Lane

6620 Marbledtree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake Worth, FL

Lake Worth, FL

City & State

City & State

4. FEI Number

65-0522526

Applied For

Not Applicable

Zip

Country

33467

USA

Zip

Country

33467

USA

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

**DURANTE, PATRICIA M
7462 TEXAS TR
BOCA RATON FL 33487**

Name

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

6620 Marbledtree Lane

City

Lake Worth

FL

Zip Code

33467

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

Patricia M. Durante

4/16/00

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

(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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DURANTE, PATRICIA M**
CITY-ST-ZIP **7462 TEXAS TR
BOCA RATON FL 33487-**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **6620 Marbledtree Lane**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patricia M. Durante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

DATE

561-995-9000

Daytime Phone #

CR2E034 (9/99)