

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90024 006 ***150.00

DOCUMENT # P94000082206

1. Entity Name

BRITISH ECONOMETRICS/FLORIDA, INCORPORATED

C008/220



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% ARAZOZA & COMAS. P.A. 101 MADEIRA AVENUE CORAL GABLES FL 33134	% ARAZOZA & COMAS. P.A. 101 MADEIRA AVENUE CORAL GABLES FL 33134-4515

2. Principal Place of Business	3. Mailing Address
2100 Salzedo St	2100 SALzedo St
Suite, Apt. #, etc. #300	Suite, Apt. #, etc. #300
City & State Coral Gables Fl.	City & State Coral Gables Fl.
Zip 33134	Zip 33134
Country	Country

4. FEI Number	65-0534978	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES, FENANDEZ-FRAGA PA.
2100 SALZEDO ST
STE 300
CORAL GABLES FL 33134

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 \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOND, ROBERT D 5048 WESTPATH TERRACE BETHESDA MD 20816 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RYAN, PATRICIA D 4350 NORTH FAIRFAX DRIVE #900 ARLINGTON VA 22203-1633 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUNARO, RITA L 7145 PARKVIEW AVE. FALLS CHURCH VA 22042 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RYAN, Patricia D. 6106 MacArthur Blvd., Suite 110 Bethesda, MD 20816 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 D. Ryan* **301-263-0586**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)