

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082206

1. Entity Name

BRITISH ECONOMETRICS/FLORIDA, INCORPORATED

Principal Place of Business

% ARAZOZA & COMAS, P.A.  
2100 SALZEDO STREET #300  
CORAL GABLES FL 33134

Mailing Address

% ARAZOZA & COMAS, P.A.  
2100 SALZEDO STREET #300  
CORAL GABLES FL 33134

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 65-0534978

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

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

Name

ARAZOZA & FERNANDEZ-FRAGA P.A.

Street Ad

2100 SALZEDO STREET  
SUITE 300

City

Code

CORAL GABLES, FL. 33134

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

Signature, typed or printed name of registered agent and 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, 2001 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 PD ☐ Delete  
NAME BOND, ROBERT D  
STREET ADDRESS 5048 WESTPATH TERRACE  
CITY-ST-ZIP BETHESDA MD 20816

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

TITLE SD ☐ Delete  
NAME RYAN, PATRICIA D  
STREET ADDRESS 6106 MACARTHUR BLVD SUITE 110  
CITY-ST-ZIP BETHESDA MD 20816

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

TITLE D ☐ Delete  
NAME FUNARO, RITA L  
STREET ADDRESS 7145 PARKVIEW AVE.  
CITY-ST-ZIP FALLS CHURCH VA 22042

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90076 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

April 9 2001 3012630586