

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90152 022 ***150.00

0213378 AV

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 % ARAZOZA & FERNANDEZ-FRAGA, P.A.
 Suite, Apt. #, etc.

3. Mailing Address
 % ARAZOZA & FERNANDEZ-FRAGA, P.A.
 Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0534978	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country
		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 **ARAZOZA & FERNANDEZ-FRAGA, P.A.**
 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 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, PATRICIA D 6106 MACARTHUR BLVD SUITE 110 BETHESDA MD 20816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNARO, RITA L 7145 PARKVIEW AVE. FALLS CHURCH VA 22042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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** Date **27 2002** Daytime Phone # **3012630586**

CR2E034 (9/01)