

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 15, 2003 8:00 am
Secretary of State

FORM 1000 1/01

04-15-2003 90099 005 ***150.00

DOCUMENT # **P97000007023**

1. Entity Name
RICHARD DUARTE, P.A.



Principal Place of Business
**2937 SW 27TH AVE
SUITE 100A
COCONUT GROVE FL 33133**

Mailing Address
**2937 SW 27TH AVE
SUITE 100A
COCONUT GROVE FL 33133**



2. Principal Place of Business
355 PALERMO AVE.

3. Mailing Address
355 PALERMO AVE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country

4. FEI Number
65-0731849

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUARTE, RICHARD
2937 SW 27TH AVE
SUITE 100A
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

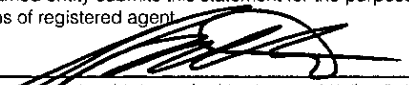
Name
DUARTE, Richard

Street address (P.O. Box Number is Not Acceptable)
355 PALERMO AVENUE

City
Coral Gables, FL

Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-11-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DUARTE, RICHARD
STREET ADDRESS	2937 SW 27TH AVE, SUITE 100-A
CITY-ST-ZIP	COCONUT GROVE FL 33133
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duarte, Richard
STREET ADDRESS	355 PALERMO AVENUE
CITY-ST-ZIP	COCONUT GROVE FL 33134
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:  DATE **4-11-03** DAYTIME PHONE # **305-444-6501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)