

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90051 026 \*\*\*150.00

DOCUMENT # **97000034213**

1. Entity Name  
**EDUARDO RIUSECH, P.A.**

Principal Place of Business 10030 SW 40 Street Suite B Miami, Florida 33165	Mailing Address 10030 SW 40 Street Suite B Miami, Florida 33165
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**00046223**

2. Principal Place of Business 10030 SW 40 Street	3. Mailing Address 10030 SW 40 Street
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Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
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City & State Miami, Florida	City & State Miami, Florida
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4. FEI Number 65-0753352	Applied For Not Applicable
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Zip 33165	Country U.S.A.	Zip 33165	Country U.S.A.
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Eduardo Riusech, Esq.  
 10030 SW 40 Street, Suite B  
 Miami, Florida 33165

**7. Name and Address of New Registered Agent**

Name Eduardo Riusech, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 10030 SW 40 Street, Suite B		
City Miami	State FL	Zip Code 33165

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 *Eduardo Riusech*  
 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, 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (1/1/00)

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: *Eduardo Riusech*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01  
 Date

Daytime Phone #