FILED

Feb 14, 2002 8:00 am Secretary of State

02-14-2002 90007 027 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P9800000057

DOCUMENT # 1. Entity Name

RICHARD DUNN, P.A.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336

3. Mailing Address

2500 FIRST UNION FINANCIAL CENTER

MIAMI FL 33131-2336

			1									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State			4. F	FEI Number 65-0805919			pplied For	
Zip		Country		Zip	Count	try	5. (Certificate of Status Desired [8.75 Ac	ditional	
6. Name and Address of Current Registered Agent							7. N	Name and Address of New Regis	tered A	gent		
						Name						
DUNN, RICHARD						Street Address (P.O. Box Number is Not Acceptable)						
200 SOUTH BISCAYNE BLVD.												
SUITE 25	500											
MIAMI FL 33131-2336						City FL Zip Code						
8. The above	named entit	v submits this statement	for the	ourpose of changing its	registere	ed office or rec	nistered ag	ent, or both, in the State of Florida.				
		•	- 1	, 5	9		,					
CIONATURE												
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title	if applicable. (NOTE	: Registered	Agent signature re	quired when re	instating)	DATE			
								J				
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! F								10. Election Campaign Financii	na	\$5 (00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)				After May 1, 2002 Fee will be \$550.0				Trust Fund Contribution.	🗆		d to Fees	
(See crite)	ria on back)			Make Check Payab	le to De	partment of	State					
11.		OFFICERS AN	ID DIREC	CTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND	DIRECTOR	RS IN 11	
TITLE	D			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	DUNN, R	ICHARD			NAME							
STREET ADDRESS		ST UNION FINANCIA	L CENT	ER	STREE	T ADDRESS						
CITY-ST-ZIP		. 33131-2336			CITY-	ST-ZIP						
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STREET ADDRESS					STREE	T ADDRESS						
CITY-ST-ZIP		^			CITY-	ST-7IP						

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information al 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 13. I hereby certify that the information indicated on this report or supplemental of the corporation or the receiver of changed, or on an attachment with report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it

CITY-ST-ZIP

SIGNATURE: