

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

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90086 021 ***550.00

DOCUMENT # **P98000019696**

1. Entity Name

DURAN REAL ESTATE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1336 S. MILITARY Tr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W.P.B FL

33415

U.S.A

Zip

Country

4. FEI Number

65-0816568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

BD137679

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Luis -- Zepeda --

Street Address (P.O. Box Number is Not Acceptable)

5940 STRAWBERRY LAKES CIR

City **L.W.**

FL

Zip Code **33463**

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 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P.S.T.**
NAME **EDGAR DURAN**
STREET ADDRESS **3329 EL VERDE CT. W.**
CITY - ST - ZIP **W.P.B FL 33415**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR DURAN

9-9-02 561-655-2525

Date

Daytime Phone #

CR2ED34B (12/01)