

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074572

1. Entity Name

EDUARDO MUNETON, P.A.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90027 045 \*\*\*150.00

Principal Place of Business 1990 S.W. 27TH AVENUE 3RD FLOOR MIAMI FL 33145	Mailing Address 1990 S.W. 27TH AVENUE 3RD FLOOR MIAMI FL 33145-2547
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3501 SW 107 Ave	3. Mailing Address 3501 SW 107 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-094-7480	Applied For <input type="checkbox"/> Not Applicable
Zip 331	Country	Zip 33165	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MUNETON, EDUARDO  
 1990 S.W. 27TH AVENUE  
 3RD FLOOR  
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: Eduardo Muneton  
 Street Address (DO NOT Put Number in Not Applicable): 3501 SW 107 Ave  
 City: MIAMI 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT MUNETON, EDUARDO 1990 S.W. 27TH AVENUE MIAMI FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT MUNETON, Eduardo 3501 SW 107 Ave MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNETON, EDUARDO 1990 S.W. 27TH AVENUE MIAMI FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNETON, Eduardo 3501 SW 107 Ave MIAMI, FL 33163 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 filers acknowledged.

SIGNATURE: \_\_\_\_\_ Date: 4-1-2000 Daytime Phone #: (305) 554-7724

CFR2E034 (9/99)