

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90230 025 \*\*\*150.00

**DOCUMENT # P99000074572**

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



Principal Place of Business  
**3501 SW 107 AVE  
MIAMI FL 33165**

Mailing Address  
**3501 SW 107 AVE  
MIAMI FL 33165**

**70013026**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**13205 S.W. 137<sup>th</sup> Ave**  
Suite, Apt. #, etc.  
**224**

3. Mailing Address  
**11935 S.W. 136 PLACE**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-0947480**

Applied For  
Not Applicable

Zip  
**33186** Country  
**U.S.A.**

Zip  
**33186** Country  
**U.S.A.**

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

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

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

**MUNETON, EDUARDO  
3501 SW 107 AVE  
MIAMI FL 33165**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>PRES</b>	<input type="checkbox"/> Delete
NAME <b>MUNETON, EDUARDO</b>	
STREET ADDRESS <b>13205 SW 137 AVE #224</b>	
CITY-ST-ZIP <b>MIAMI FL 33186</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-16-03 (305) 256-8789**  
Date Daytime Phone #

CR2E034 (10/02)