

DOCUMENT # V63831			
1. Entity Name <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JOSEPH BUCZYNER, C.P.A., P.A.</div>			
Principal Place of Business ONE SE 3RD AVENUE SUITE 2120 MIAMI FL 33131 US		Mailing Address ONE SE 3RD AVENUE SUITE 2120 MIAMI FL 33131-1716 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BUCZYNER, JOSEPH 1 SE 3RD AVE SUITE 2120 MIAMI FL 33131		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCZYNER, JOSEPH 1SE 3RD AVE SUITE 2120 MIAMI FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 12. If indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

00039293

DO NOT WRITE IN THIS SPACE

Daytime Phone #