

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 640039

1. Entity Name
BURNING TREE CORPORATION

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90009 021 ***150.00

Principal Place of Business

2747 NE 35TH CT.
FT. LAUDERDALE FL 33308
US

Mailing Address

2747 NE 35TH CT.
FT. LAUDERDALE FL 33308
US

2. Principal Place of Business

2220 Intracoastal Drive
Suite, Apt. #, etc.

3. Mailing Address

2220 Intracoastal Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number 59-1929910

Applied For

Not Applicable

Zip

33305-2816

Country

USA

Zip

33305-2816

Country

USA

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

BROMFIELD, STEPHEN
4100 NW 10 AVE
FT LAUDERDALE FL 33309

Name

Stephen Bromfield

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

2220 Intracoastal Drive

City

Fort Lauderdale

FL

Zip Code

33305-2816

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 Stephen Bromfield
Signature, typed or printed name of registered agent and title if applicable.

Stephen Bromfield
(NOTE: Registered Agent signature required when reinstating)

1-22-01
DATE

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, 2001 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
WSD
BROMFIELD, STEPHEN
2747 NE 35 COURT
FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Bromfield, Stephen
2220 Intracoastal Drive
Fort Lauderdale FL 33305 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROMFIELD, DONNA
2747 N.E 35 COURT
FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Bromfield, Donna
2220 Intracoastal Drive
Fort Lauderdale FL 33305 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GOLDBERG, CAROLYN
2650 NE 11 ST.
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAY, RONALD
4100 NW 10 AVE
FORT LAUDERDALE FL 33309 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
VAN ROOYEN, COLIN
4100 NW 10 AVE.
FORT LAUDERDALE FL 33309 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE: Donna Bromfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01 954 565 6572
Date Daytime Phone #

CR2E034 (10/00)