

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000000390**

1. Entity Name  
**BURLINGTON CONSULTING, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR -2 AM 9:39

Principal Place of Business  
13955 S.W. 57TH LANE  
MIAMI FL 33183

Mailing Address  
13955 S.W. 57TH LANE  
MIAMI FL 33183-1143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0825629**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUGAR, EDMOND L ESQUIRE**  
**5741 SHERIDAN STREET**  
**HOLLYWOOD FL 33021**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM CSONT, DAVID**  
STREET ADDRESS **VECSEY UTCA 25**  
CITY-ST-ZIP **EGER, 3300 HUNGARY**

Change  Addition  
*ny 3/15/00*

TITLE  Delete  
NAME **MGRM CSONT, ISTVAN**  
STREET ADDRESS **VECSEY UTCA 25**  
CITY-ST-ZIP **EGER, 3300, HUNGARY**

Change  Addition  
**000003174870--0**  
**-03/17/00--01093--023**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **2/21/00** Daytime Phone #

CR2E083 (9/99)