

**2019 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# F16000005202

**Entity Name:** THE BURN SOLUTION FOUNDATION, INC.

**Current Principal Place of Business:**

1523 DALE MABRY HWY,  
SUITE 201  
LUTZ, FL 33548

**Current Mailing Address:**

1523 DALE MABRY HWY,  
SUITE 201  
LUTZ, FL 33548 US

**FEI Number:** 46-3819288

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KARNIEWICZ, JUDY ESQ  
3834 W HUMPHREY ST  
TAMPA, FL 33614 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN/DIRECTOR/PRESIDENT  
Name MILLER, WAYNE  
Address 5127 LURGAN RD  
City-State-Zip: LAND O' LAKES FL 34638

Title DIRECTOR  
Name MILLER, EVELYN  
Address 5127 LUGAN RD.  
City-State-Zip: LAND O' LAKES FL 34638

Title DIRECTOR  
Name MILLER, ALEXIS  
Address 5127 LURGAN RD.  
City-State-Zip: LAND O' LAKES FL 34638

Title DIRECTOR, VP  
Name CORDERO, DOUGLAS CHINCHILLA  
Address RESIDENTIAL ARIES #112  
City-State-Zip: HEREDIA COSTA RICA 40103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WAYNE MILLER

**CHAIRMAN/DIRECTOR/PR 06/06/2019  
ESIDENT**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

