

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000005202

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

**Current Principal Place of Business:**

3632 LAND O' LAKES BLVD  
SUITE 105-20  
LAND O' LAKES, FL 34639

**Current Mailing Address:**

3632 LAND O' LAKES BLVD  
SUITE 105-20  
LAND O' LAKES, FL 34639 US

**FEI Number:** 46-3819288

**Certificate of Status Desired:** No

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

KARNIEWICZ, JUDY ESQ  
1211 W FLETCHER AVE  
TAMPA FL 33612 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

Title DIRECTOR  
Name MELA, EVADNE  
Address 969 PATTERSON DRIVE  
City-State-Zip: SARASOTA FL 34234

*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 01/25/2022  
ESIDENT

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

\_\_\_\_\_  
Date