

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90006 045 ****61.25

DOCUMENT # 704318

1. Entity Name

BURTON POINT INC

D0057206



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

535 HENDRICKS ISLE
 FT LAUDERDALE FL 33301

535 HENDRICKS ISLE
 FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1006634

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GILROY, WILLIAM A
535 HENDRICKS ISLE
FT LAUDERDALE FL 33301

Name **MICHAEL KELESHIAN**

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

535 HENDRICKS ISLE

City **FT. LAUDERDALE**

FL

Zip Code **33301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NO: [unclear]
 FEE IS \$6.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GILROY, WILLIAM A	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELESHIAN, MICHAEL	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNN, MICHELLE	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAYLOR, HERBERT	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, MICHELLE	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILROY, WILLIAM A	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELESHIAN, MICHAEL	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM THOMAS	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRASTIA, JOHN	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDRY, ANN	
STREET ADDRESS	535 HENDRICKS ISLE	
CITY-ST-ZIP	FT LAUDERDALE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information reported 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

4/22/01

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