

2002 UNIFORM BUSINESS REPORT (UBR)

06-03-2002 91165 022 ****61.25

704318
FILED

02 JUN 25 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704318

1. Entity Name

BURTON POINT INC

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

Zip

Country

Zip

Country

4. FEI Number

59-1006634

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KELESHIAN, MICHAEL
535 HENDRICKS ISLE
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: **VIC REALTY**
Street Address (P.O. Box Number is Not Acceptable): **2132 E Oakland Park**
2ND FLOOR
City: **FT Lauderdale** FL Zip Code: **33306**

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

[Handwritten Signature]

11/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEES \$61.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Sec ID	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	Hooda, Tonja		
STREET ADDRESS	535 Hendricks Isle		
CITY-ST-ZIP	ft Lauderdale, FL 33301		
TITLE	Pres ID	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	Margolis, Jackie		
STREET ADDRESS	535 Hendricks Isle		
CITY-ST-ZIP	ft Lauderdale, FL 33301		
TITLE	Pres ID	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	Fritz, John		
STREET ADDRESS	535 Hendricks Isle		
CITY-ST-ZIP	ft Lauderdale, FL 33301		
TITLE	VD	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	Holm, Thomas		
STREET ADDRESS	535 Hendricks Isle		
CITY-ST-ZIP	ft Lauderdale, FL 33301		
TITLE	VD	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	keleshian, michael		
STREET ADDRESS	535 Hendricks Isle		
CITY-ST-ZIP	ft Lauderdale, FL 33301		
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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:

[Handwritten Signature]

11/10/02 566-1661

CR2E037 (9/01)