

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90102 029 \*\*\*\*61.25

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**DOCUMENT # 704318**

1. Entity Name  
**BURTON POINT INC**



Principal Place of Business  
**535 HENDRICKS ISLE  
FT LAUDERDALE FL 33301**

Mailing Address  
**535 HENDRICKS ISLE  
FT LAUDERDALE FL 33301**

*to VMC Realty*

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 24627**

Suite, Apt. #, etc.

City & State  
**Ft Laud Fl**

City & State

4. FEI Number **59-1006634** Applied For  
Not Applicable

Zip Country Zip Country  
**33301 USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VMC REALTY  
2132 E OAKLAND PARK  
2ND FLOOR  
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HADDAD, TONYA 535 HENDRICKS ISLE FT LAUDERDALE FL 33301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KELESHIAN, MICHAEL 535 HENDRICKS ISLE FT. LAUDERDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD THOMAS, HOLM 535 HENDRICKS ISLE FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MARSOLEIS, JACKIE 535 HENDRICKS ISLE FT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FRITZ, JOHN 535 HENDRICKS ISLE FT LAUDERDALE FL 33301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HOLM, THOMAS 535 HENDRICKS ISLE FT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Rabeska, michael 535 Hendricks Isle Ft Laud Fl 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Shawatt, Barbara 535 Hendricks Isle Ft Laud Fl 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Holm, Thomas 535 Hendricks Isle Ft Laud Fl 33301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Lambry, Ann 535 Hendricks Isle Ft Laud Fl 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X* **SIGNATURE REQUIRED** *3/29/03*

CR2E037 (10/02)