2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

F00000002822

1. Entity Name

ST IVES BURRUPS INC.



FILED Jul 15, 2003 8:00 am **Secretary of State**

07-15-2003 90023 028 ***550.00

Principal Place of Business Mailing Address 1617 J.F.K. BOULEVARD 1617 J.F.K. BOULEVARD PHILADELPHIA PA 19103 PHILADELPHIA PA 19103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 23-2628762 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARAUNA, JEANNE Street Address (P.O. Box Number is Not Acceptable) 13449 N.W. 42ND AVENUE **MIAMI FL 33054** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE X Delete TITLE Addition JOHNCANTONE WEISS, JOSEPH H NAME NAME 1617 JFK BOULEVARD 1617 J.F.K. BOULEVARD STREET ADDRESS STREET ADDRESS PHILADELPHIA PA 19103 PHILADELPHIA, PA 19103 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ANGSTROM, WAYNE NAME NAME 13449 N.W. 42ND AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33054 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition CARAUNA, JEANNE NAME NAME STREET ADDRESS 13449 N.W. 42ND AVE. STREET ADDRESS CITY-ST-7IP MIAMI FL 33054 CITY-ST-7/P CEOD TITLE TITLE Delete Change ☐ Addition Langdale, andrew NAME NAME STREET ADDRESS 21 SONN DR. STREET ADDRESS **RYE NY 10580** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF

CR2E034 (4/03)