FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am F43842 DOCUMENT # **Secretary of State** 1. Entity Name BARBARA NORTH BURTON, P.A. 02-11-2002 90039 047 ***150.00 Principal Place of Business Mailing Address 11955 W DIXIE HIGHWAY 11955 W DIXIE HIGHWAY HIIDSTOOM MIAMI FL 33161 MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State----4. FEI Number Applied For 59-2125087 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BURTON, BARBARA NORTH** Street Address (P.O. Box Number is Not Acceptable) 11955 W DIXIE HIGHWAY **MIAMI FL 33161** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)☐ Delete TITLE TITLE ☐ Change ☐ Addition BURTON, BARBARA NORTH NAME NAME 11955 W DIXIE HIGHWAY CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplier that I am an officer or director of the corporation of the receipt of the re

SIGNATURE

changed, or on an attachmen