

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003310

1. Entity Name

BURN WORLD-WIDE, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90110 003 \*\*\*150.00

Principal Place of Business

Mailing Address

3701 NE 2ND AVE  
STUDIO C  
MIAMI FL 33137  
US

3701 NE 2ND AVE  
STUDIO C  
MIAMI FL 33137-3617  
US

2. Principal Place of Business

3. Mailing Address

3800 NE 2nd Ave

3800 NE 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Floor

2nd Floor

City & State

City & State

Miami, FL

Miami, FL

Zip

Zip

Country

Country

33137

USA

33137

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0755944

Applied For

Not Applicable

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

MANHEIMER, GARY L  
3701 NE 2ND AVE  
STUDIO C  
MIAMI FL 33137

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTDC ☐ Delete  
NAME MANHEIMER, GARY  
STREET ADDRESS 3040 NE 190TH ST, #117  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSDC ☐ Delete  
NAME MANHEIMER, SETH  
STREET ADDRESS 300 MERGER ST  
CITY-ST-ZIP NEW YORK NY 10003

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CLARKE, DAVID L  
STREET ADDRESS 3530 MYSTIC POINTE DR, #2712  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4-5-00

3054381800

CR2E034 (9/99)