## **2000 UNIFORM BUSINESS REPORT (UBR)** L99000004239 **DOCUMENT #**

1. Entity Name

CORPORATE FINANCE BURGAN

Principal Place of Business

Mailing Address

2. Principal Place of Business :	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

**APPROVED** 

00 MAY 16 PM 3: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	S AVE., STE 2005-1 SPRINGS FL 32714	445 DOUGLAS AVE STE ALTAMONTE SPRINGS FI	,		•			
ALIAMONIE	SPRINGS PL 32/14	ALIAMONTE SENINOS FI	L 32/14-050/					
2. Principal F	Place of Business :	3. Mailing Address			<b>                                    </b>	[81]] <b>66</b> ]]( <b>84</b> ]] <b>8</b> ][] <b>8</b> ]	A NAMEN HAMMAN	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	,		DO NOT WRITE	IN THIS SPACE		
City & Stat	· ·	City & State		4. FEI NL	reher	ΙĀ	oplied For	
OKY G OK				33	7-3580109	7   N	ot Applicable	
Zip	Country	Zip	Country	5. Certific	cate of Status Desired	□ \$5.00 Ad Fee Require		
	6. Name and Address of Current F	Registered Agent		7Name	and Address of New Reg	istered Agent,		
			Name					
FERREIRA	•		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
445 DOU	GLAS AVE., STE 2005-1					<u> </u>		
ATLAMON	ITE SPRINGS FL 32714							
			City	•		FL Zip Coo	ie	
8. The above	e named entity submits this statement for	the purpose of changing its	s registered office or r	registered agent, o	r both, in the State of Florid	a.		
, SIGNATURE								
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	E: Registered Agent signature	e required when reinstating	9)	DATE		
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9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/CH			
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TITLE NAME	MGR FERREIRA, JUAN C	Delete	TITLE NAME		ADDITIONS/CH		Addition	
TITLE	MGR FERREIRA, JUAN C 445 DOUGLAS AVE., STE 2005-1	Delete	TITLE		ADDITIONS/CH		Addition	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or postered to execute this report as required by Chapter 608, Florida Statutes.

SIGN SIGNATURE AND TYPED G MANAGING MEMBER OR MANAGER

Daytime Phone #