

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90033 036 ***150.00

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DOCUMENT # M33961

1. Entity Name
BURMON INVESTMENTS, INC.

Principal Place of Business
 1190 BAY DRIVE
 MIAMI BEACH FL 33141

Mailing Address
 1190 BAY DRIVE
 MIAMI BEACH FL 33141



2. Principal Place of Business
Same

3. Mailing Address
7107 Harding Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach - Florida

City & State
Miami Beach, Florida

Zip
33141

Country
Miami-Dade

Zip
33141

Country
Miami-Dade

4. FEI Number **59-2710094**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURGOS, RAFAEL F
1190 BAY DRIVE
MIAMI BEACH FL 33141

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BURGOS, RAFAEL F.	
STREET ADDRESS	1190 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURGOS, YOLANDA M.	
STREET ADDRESS	1190 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURGOS, RAFAEL JR.	
STREET ADDRESS	1190 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURGOS-ZARATE, YOLANDA	
STREET ADDRESS	305 N. SHORE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: RAFAEL F. BURGOS

04/23/02 (305) 8654505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)