

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90964 010 ****61.25

DOCUMENT # N01000005578

1. Entity Name
BURN SURVIVORS THROUGHOUT THE WORLD, INC.



Principal Place of Business
**650 N. BENEVA ROAD, #105
SARASOTA FL 34232**

Mailing Address
**650 N. BENEVA ROAD, #105
SARASOTA FL 34232**

2. Principal Place of Business
650 N BENEVA Road #105
Suite, Apt. #, etc.
305

3. Mailing Address
650 N Beneva Road
Suite, Apt. #, etc.
305

City & State
Sarasota Florida
Zip
34232
Country
USA

City & State
Sarasota Florida
Zip
34232
Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3403785**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

APPLEMAN, MICHAEL
650 N. BENEVA ROAD, #105
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name
Appleman, Michael
Street Address (P.O. Box Number is Not Acceptable)
650 N Beneva Road #305
City
Sarasota FL Zip Code
34232

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 *Michael Appleman* **Michael Appleman** 4/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT APPLEMAN, MICHAEL 650 N. BENEVA ROAD, #105 SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NYMBERA, SUSAN 650 N. BENEVA ROAD, #105 SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARiset, CALRINDA JONES 650 N. BENEVA ROAD, #105 SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THI DIEU TRAN, NGUYENS 650 N BENEVA ROAD #105 SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Appleman, Michael 650 N Beneva Road #305 Sarasota FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kimberly Carter, Kimberly 650 N. Beneva Road #305 Sarasota FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD Thi Dieu Tran, Thi Dieu Tran 650 N Beneva Road #305 Sarasota FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Appleman* **Michael Appleman** 4/3/03 **941-364-8457**

CR2E037 (10/02)