

# 2001 UNIFORM BUSINESS REPORT (UBR)

8.

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90014 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000020720</b>			
1. Entity Name <b>BUMAR ASSOCIATES, INC.</b>			
Principal Place of Business <b>15880 S.W. 108TH PLACE MIAMI FL 33157</b>		Mailing Address <b>15880 S.W. 108TH PLACE MIAMI FL 33157</b>	
2. Principal Place of Business <b>15880 SW 108 PL</b>		3. Mailing Address <b>15880 SW 108 PL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33157</b>	Country <b>EE.UU.</b>	Zip <b>33157</b>	Country <b>EE.UU.</b>
4. FEI Number <b>65-0989491</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BURGOS, JUAN C 15880 S.W. 108TH PLACE MIAMI FL 33157</b>		7. Name and Address of New Registered Agent Name <b>JUAN C. BURGOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>15880 SW 108 PL</b> City <b>MIAMI</b> FL Zip Code <b>33157</b>	
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 <b>8.14.01</b>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BURGOS, JUAN C</b> <b>15880 S.W. 108TH PLACE</b> <b>MIAMI FL 33157</b> <input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BURGOS, CLAUDIA P</b> <b>15880 S.W. 108TH PLACE</b> <b>MIAMI FL 33157</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MARRUGO, JORGE A</b> <b>15880 S.W. 108TH PLACE</b> <b>MIAMI FL 33157</b> <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MARRUGO, MARCELA</b> <b>15880 S.W. 108TH PLACE</b> <b>MIAMI FL 33157</b> <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			

CR2E034 (5/01)