

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 011 ***150.00

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1. Entity Name
BUMAR ASSOCIATES, INC.



Principal Place of Business

Mailing Address

U S A
Mr. Juan Burgos
14454 SW 158th Pl.
Miami, FL 33196-6771

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14454 SW 158th Pl.
Miami, FL 33196-6771

94057890



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0989491

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

U S A
Mr. Juan Burgos
14454 SW 158th Pl.
Miami, FL 33196-6771

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BURGOS, JUAN C
15000 S.W. 100TH PLACE
MIAMI, FL 33157

U S A
Mr. Juan Burgos
14454 SW 158th Pl.
Miami, FL 33196-6771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
BURGOS, CLAUDIA P
15000 S.W. 100TH PLACE
MIAMI, FL 33157

U S A
Mr. Juan Burgos
14454 SW 158th Pl.
Miami, FL 33196-6771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an officer, receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.13.04