

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90532 007 \*\*\*150.00

**DOCUMENT # P00000053216**

1. Entity Name

F.B. BURNS, CORP.



Principal Place of Business  
6129 S.W. 70TH ST., 2ND FLOOR  
SOUTH MIAMI FL 33143

Mailing Address  
6129 S.W. 70TH ST., 2ND FLOOR  
SOUTH MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

P.O. Box 43-2810

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

South Miami, Fl 33243

4. FEI Number

65-1013752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANZIGER, ROBERT A ESQ.  
9130 S. DADELAND BLVD., STE. 1705  
MIAMI FL 33156

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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D BURNS, FREDRIC B  
STREET ADDRESS P.O. BOX 432810  
CITY-ST-ZIP MIAMI FL 33243-2810

TITLE ☒ Change ☐ Addition  
NAME P.D.  
STREET ADDRESS Fredric B. Burns  
CITY-ST-ZIP 6129 S.W. 70 St. 2nd Fl.  
South Miami, Fl 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE

*Fredric B. Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fredric B. Burns, President 1/30/03 305-661-

Date

Daytime Phone #

5058

CR2E034 (10/02)