

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90479 015 ***150.00

DOCUMENT # P00000092487

1. Entity Name
LOCKHART INTERNATIONAL BUSINESS, CORP.



Principal Place of Business

~~3440 HOLLYWOOD BLVD~~
~~SUITE 360~~
~~HOLLYWOOD, FL 33021~~

Mailing Address

~~3440 HOLLYWOOD BLVD~~
~~SUITE 360~~
~~HOLLYWOOD, FL 33021~~

2. Principal Place of Business

18851 NE 29th AV
Suite, Apt. #, etc.
900

3. Mailing Address

18851 NE 29th AV
Suite, Apt. #, etc.
900

City & State

AVENTURA, FL
Zip **33180** Country **USA**

City & State

AVENTURA, FL
Zip **33180** Country **USA**

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1100666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEONARD A ESQ
~~3440 HOLLYWOOD BLVD~~
~~SUITE 360~~
~~HOLLYWOOD, FL 33021~~

Name

LEONARDO A. ROTH

Street Address (P.O. Box Number is Not Acceptable)

18851 NE 29th AV, STE 900

City **AVENTURA**

FL

Zip Code **33180**

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

LEONARDO A. ROTH, ESQ

4/6/04

(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 | DPT | <input type="checkbox"/> Delete |
| NAME | BURSZTYN, CLAUDIO J | |
| STREET ADDRESS | ALTE FJ SEGUI 1657 1416 BUENOS AIRES | |
| CITY-ST-ZIP | ARGENTINA, | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | BURSZTYN, JULIA SARA | |
| STREET ADDRESS | ALTE FJ SEGUI 1657 1416 BUENOS AIRES | |
| CITY-ST-ZIP | ARGENTINA, | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. 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 | |
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| 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 | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIO BURSZTYN, D

Date

Daytime Phone #

4/6/04 786-278-0000