

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

ATX1

04 APR -1 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name	201-79971
BURKE HOLDINGS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1421 W. TERRA MAR DR Suite, Apt. #, etc.		3. Mailing Address 1421 W. TERRA MAR DR Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33062-6800	Country USA	Zip 33062-6800	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1135852		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	CATHERINE BURKE
Street Address (P.O. Box Number is Not Acceptable)	1421 W. TERRA MAR DR
City	POMPANO BEACH, FL
State	FL
Zip Code	33062

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 *Catherine Burke*

March 30, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CATHERINE BURKE 1421 W. TERRA MAR DR. POMPANO BEACH, FL 33062-6800	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400031763994 04/05/04--01008--008 **150.00
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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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Burke* CATHERINE BURKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2004

Date

954 946-7064

Daytime Phone #