

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90191 010 ***158.75

DOCUMENT # P01000091644

1. Entity Name
BURTON REID HOLDINGS, INC.



Principal Place of Business
**1026 POINSETTIA RD
DELRAY BCH FL 33483**

Mailing Address
**1026 POINSETTIA RD
DELRAY BCH FL 33483**



2. Principal Place of Business
21174 La Vista Circle
Suite, Apt. #, etc.

3. Mailing Address
21174 La Vista Circle
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FLA. 33428
Zip
33428 Country
USA

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Boca Raton, Fla. 33428
Zip
33428 Country
USA

4. FEI Number **65-1148825** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRUDEN, JAMES L ESQ
370 W CAMINO GARDENS BLVD, STE 210
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BARRY 1026 POINSETTIA RD DELRAY BCH FL 33483	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03 **(561) 65-4884**
Date Daytime Phone #

CR2E034 (10/02)