

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90056 005 \*\*\*150.00

**DOCUMENT # P93000037576**

1. Entity Name  
**BURTINE, INC.**

Principal Place of Business

**ONE SE THIRD AVENUE  
 FIFTEENTH FLOOR  
 MIAMI FL 33131**

Mailing Address

**ONE SE THIRD AVENUE  
 FIFTEENTH FLOOR  
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1 S.E. 3 AVE**

Suite, Apt. #, etc.

**Suite 2240**

City & State  
**MIAMI, FLORIDA**

Zip  
**33131**

Country  
**USA**

3. Mailing Address

**1 S.E. 3 AVENUE**

Suite, Apt. #, etc.

**Suite 2240**

City & State  
**MIAMI, FL**

Zip  
**33131**

Country  
**USA**

4. FEI Number  
**65-0412829**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CALVAR, DENISE C  
 ONE SE THIRD AVENUE  
 FIFTEENTH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**DENISE C. CALVAR**

Street Address (P.O. Box Number is Not Acceptable)  
**1 S.E. 3 AVENUE**

**Suite 2240**

City  
**MIAMI**

FL

Zip Code  
**33131**

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.

SIGNATURE **Denise C. Calvar**

**DENISE C. CALVAR**

**2-1-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
**D** ☐ Delete  
 NAME  
**MIOT, SANFORD B**  
 STREET ADDRESS  
**ONE SE THIRD AVE., 15TH FL**  
 CITY-ST-ZIP  
**MIAMI FL 33131**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD** ☒ Change ☐ Addition  
 NAME  
**MIOT, SANFORD B.**  
 STREET ADDRESS  
**1 S.E. 3 AVENUE, STE 2240**  
 CITY-ST-ZIP  
**MIAMI, FL 33131**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sanford B. Miot** **SANFORD B. MIOT, PRESIDENT**

**2-1-02 305 1377-1870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)