## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000098517** Apr 19, 2000 8:00 am Secretary of State BURTON HOLDINGS, INC. 04-19-2000 90076 013 \*\*\*150.00 Mailing Address Principal Place of Business 6619 SOUTH DIXIE HWY #222 6619 SOUTH DIXIE HWY #222 SOUTH MIAMI FL 33143-7919 SOUTH MIAMI FL 33143 841949 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0769079 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURTON, ZACHARY HARRIS III Street Address (P.O. Box Number is Not Acceptable) 6619 SOUTH DIXIE HWY #222 SOUTH MIAMI FL 33143 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSD** ☐ Change ☐ Addition TITLE ☐ Delete TITLE **BURTON, ZACHARY HARRIS III** NAME NAME STREET ADDRESS 6619 SOUTH DIXIE HWY, #222 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL 33143 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP