

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005070

1. Entity Name

LAW OFFICE OF JON W. BURKE, P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90022 023 ***150.00

Principal Place of Business

Mailing Address

782 N.W. 42ND AVENUE
 SUITE 330
 MIAMI FL 33126

782 N.W. 42ND AVENUE
 SUITE 330
 MIAMI FL 33126-5550

2. Principal Place of Business

3. Mailing Address

7900 SW 67 Terr

7900 SW 67 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0724163

Applied For

Not Applicable

Zip

Country

33143

Dade

Zip

Country

33143

Dade

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

BURKE, JON W
 782 N.W. 42ND AVENUE
 SUITE 330
 MIAMI FL 33126

Name

Jon W. Burke

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

7900 SW 67 Terr.

City

Miami

FL

Zip Code

33143

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

Jon W. Burke -- Jon W. Burke 2-15-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	BURKE, JON W	
STREET ADDRESS	782 N.W. 42ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, JON W	
STREET ADDRESS	782 N.W. 42ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
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	PVST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burke, Jon W.	
STREET ADDRESS	7900 SW 67 Terr	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burke, Jon W.	
STREET ADDRESS	7900 SW 67 Terr.	
CITY-ST-ZIP	Miami, FL 33143	
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		
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 an officer like empowered.

SIGNATURE:

Jon W. Burke -- Jon W. Burke 2-15-2000 (305) 274-8530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)