

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90053 039 ***150.00

DOCUMENT # **P98000009810**

1. Entity Name
BURGAARD INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 Brickell Key Dr.

3. Mailing Address

520 Brickell Key Drive

Suite, Apt. #, etc.
Suite 0-305

Suite, Apt. #, etc.
Suite 0-305

City & State
Miami, Florida

City & State
Miami, Flroida

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number

65-0811350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ROJAS, MARCO E.

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

520 BRickell Key Drive

Suite 0-305

City **Miami, FL.**

FL

Zip Code **33131**

**DO NOT WRITE
IN THIS SPACE**

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

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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**
NAME **HEEGAARD, CARL**
STREET ADDRESS **520 Brickell Key Dr., Suite 0-305**
CITY-ST-ZIP **Miami, FLorida 33131**

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IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO E. Rojas

4/22/02 (305) 3743800

Date

Daytime Phone #

CR2E034B (12/01)