

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

DOCUMENT # **P98000047018**

1. Entity Name

BURCORP

FILED

02 JUL -2 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8445 NE 2ND AVE

Suite, Apt. #, etc.

3. Mailing Address

8445 NE 2ND AVE

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

65-0855276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RAY BURKE

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

8445 NE 2ND AVE

City

MIAMI SHORES,

FL

Zip Code

33138

**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

NAME

STREET ADDRESS

CITY - ST - ZIP

**PRESIDENT, V.T.S.
RAY A. BURKE
8445 NE 2ND AVE
MIAMI SHORES, FL 33138**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

400006274774--2

-07/09/02--01044--013

******150.00 ****150.00**

TITLE

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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 empowered.

SIGNATURE:

Ray A. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/02

Date

305-759-6789

Daytime Phone #

CR2E034B (12/01)

7/8/02