

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048950

1. Entity Name

MICHAEELEN BURNS & ASSOCIATES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90005 025 ***150.00

Principal Place of Business

1428 BRICKELL AVENUE SUITE 204
MIAMI FL 33131

Mailing Address

1428 BRICKELL AVENUE SUITE 204
MIAMI FL 33131-3409

2. Principal Place of Business

1428 Brickell #401

3. Mailing Address

1428 Brickell Ave

Suite, Apt. #, etc.

Miami, FL 33131

Suite, Apt. #, etc.

Suite 401

City & State

City & State

Miami, FL

Zip

Country

US

Zip

33131

US

4. FEI Number

65-0854152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAUM, JOHN ALLEN
10512 SW 137TH PLACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

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

John Allen Daum

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BURNS, MICHAEELEN
CITY-ST-ZIP 1428 BRICKELL AVENUE SUITE 204
MIAMI FL 33131

TITLE ☐ Delete
NAME VP
STREET ADDRESS SCHEIB, MIROS
CITY-ST-ZIP 1428 BRICKELL AVENUE SUITE 204
MIAMI FL 33131

TITLE ☐ Delete
NAME ST
STREET ADDRESS SEITZ, ROBERT
CITY-ST-ZIP 1428 BRICKELL AVENUE SUITE 204
MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1428 Brickell Avenue
CITY-ST-ZIP Suite 401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1428 Brickell Avenue
CITY-ST-ZIP Suite 401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1428 Brickell Avenue
CITY-ST-ZIP Suite 401

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Michaelaelyn Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/00

Date

377-2881

Daytime Phone #

CR2E034 (9/99)