

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90097 007 ***150.00

0151830

DOCUMENT # P98000048950

1. Entity Name

MICHAEELEN BURNS & ASSOCIATES, INC.

Principal Place of Business

**1428 BRICKELL AVENUE SUITE 401
 MIAMI FL 33131**

Mailing Address

**1428 BRICKELL AVENUE SUITE 401
 MIAMI FL 33131**

2. Principal Place of Business

260 Cleardon Blvd.

3. Mailing Address

260 Cleardon Blvd

Suite, Apt. #, etc.

#32-129

Suite, Apt. #, etc.

#32-129

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

U.S.

Zip

33149

Country

U.S.



DO NOT WRITE IN THIS SPACE

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

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

M. Michaela Burns

4/28/01

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, 2001 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 **D** ☐ Delete
 NAME **BURNS, MICHAEELEN**
 STREET ADDRESS **1428 BRICKELL AVENUE SUITE 401**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Delete
 NAME **SCHEIB, MIROS**
 STREET ADDRESS **1428 BRICKELL AVENUE SUITE 401**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **ST** ☒ Delete
 NAME **SEITZ, ROBERT**
 STREET ADDRESS **1428 BRICKELL AVENUE SUITE 401**
 CITY-ST-ZIP **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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

3. 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

M. Michaela Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

Daytime Phone #

CR2E034 (10/00)