

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90042 047 \*\*\*150.00

0168316

**DOCUMENT # P98000099958**

1. Entity Name

**THE BURCH GROUP INC.**

Principal Place of Business

**125 NE 106 STREET  
MIAMI FL 33138**

Mailing Address

**125 NE 106 STREET  
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

**1543 Tyler Street**  
Suite, Apt. #, etc.

**1543 Tyler Street**  
Suite, Apt. #, etc.

City & State

**Hollywood Florida**

City & State

**Hollywood Florida**

Zip

**33020**

Country

**USA**

Zip

**33020**

Country

**USA**

4. FEI Number

**65-0901279**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BURCH, KEVIN B  
125 NE 106 STREET  
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name **Burch, Kevin B**  
Street Address (P.O. Box Number is Not Acceptable)  
**1543 Tyler Street**  
City **Hollywood** FL Zip Code **33020**

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

**Kevin B. Burch**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/5/01**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BURCH, KEVIN B</b>	
STREET ADDRESS	<b>125 NE 106 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BURCH, AUDRA D.S.</b>	
STREET ADDRESS	<b>125 NE 106 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1543 Tyler Street</b>	
STREET ADDRESS	<b>Hollywood, Florida</b>	
CITY-ST-ZIP	<b>33020</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1543 Tyler Street</b>	
STREET ADDRESS	<b>Hollywood Florida</b>	
CITY-ST-ZIP	<b>33020</b>	
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 all other like empowered.

SIGNATURE:

**Kevin B. Burch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04/05/01 (305) 801 5362**

Daytime Phone #

CR2E034 (10/00)