

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90015 024 ***150.00

DOCUMENT # S60773

1. Entity Name

BURGAS, INC.

Principal Place of Business

2659 W. OKEECHOBEE ROAD
LOT B-20
HIALEAH FL 33010-1066
US

Mailing Address

~~**3501 KEYSER AVE**~~
~~**VILLA #37**~~
~~**HOLLYWOOD FL 33021-2402**~~
US

2. Principal Place of Business

3. Mailing Address

BURLEIGH KAPLAN
5838 COLONY COURT

BOCA RATON, FL 33433-5202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0267887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLAN, BURLEIGH

~~**3501 KEYSER AVENUE**~~

~~**VILLA 37**~~

~~**HOLLYWOOD FL 33021**~~

Name

BURLEIGH KAPLAN

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

5838 COLONY COURT

BOCA RATON, FL 33433-5202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **KAPLAN, BURLEIGH**
 CITY-ST-ZIP **3501 KEYSER AVE VILLA # 37**
HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
 NAME **BURLEIGH KAPLAN**
 STREET ADDRESS **5838 COLONY COURT**
 CITY-ST-ZIP **BOCA RATON, FL 33433-5202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02 (561) 750-1678

CR2E034 (9/01)