# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

above, or on an attachment with all other like empowered. SIGNATURE: KENNETH D SAGER

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 389064

Entity Name: AUSTIN BURKE OF FLORIDA, INC.

## **Current Principal Place of Business:**

2601 N.W. 6TH AVE. MIAMI, FL 33127

### **Current Mailing Address:**

2601 N.W. 6TH AVE. MIAMI. FL 33127

## FEI Number: 59-1366571

Name and Address of Current Registered Agent:

COHEN, GARY P. 46 S.W. 1ST STREET SUITE 400 MIAMI, FL 33130 US

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PD	Title	VP
Name	BURKE, AUSTIN B	Name	SAGER, KENNETH D.
Address	2601 NW 6TH AVENUE	Address	2601 NW 6TH AVE.
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127

FILED Jan 25, 2016 Secretary of State CC9906498279

Certificate of Status Desired: Yes

V.P.

01/25/2016 Date

Date