

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90047 026 ***150.00

DOCUMENT # 410537

1. Entity Name

BARBARA'S BOATIQUE, INC.

B0022125



DO NOT WRITE IN THIS SPACE

Principal Place of Business S.E. 17TH ST. LAUDERDALE FL 33316	Mailing Address 1445 S.E. 17TH ST. FORT LAUDERDALE FL 33316-1709
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

4. FEI Number 59-1436719	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

BIRER, BARBARA
1445 SE 17TH ST.
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD <input type="checkbox"/> Delete BIRER, BARBARA 1639 E. LAKE DRIVE FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
D <input type="checkbox"/> Delete BIRER, JONATHAN 1639 E. LAKE DRIVE FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
VD <input type="checkbox"/> Delete BIRER, ROBERT 1639 E LAKE DR FT LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

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

ROBERT BIRER

Date

2/11/00

Daytime Phone #

954 523 3350

CR2E034 (9/99)