

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90023 017 ****70.00

DOCUMENT # N97000000521

1. Entity Name

BARRY TELECOMMUNICATIONS, INC.

Principal Place of Business

**3401 SOUTH CONGRESS AVENUE
 BOYNTON BEACH FL 33426**

Mailing Address

**3401 SOUTH CONGRESS AVENUE
 BOYNTON BEACH FL 33426-8401**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0728353

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

**BURT, FRANK
 777 BRICKELL AVENUE
 SUITE 500
 MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> Delete
NAME	O'LAUGHLIN, JEANNE	
STREET ADDRESS	3401 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	T	<input type="checkbox"/> Delete
NAME	CZERNIEC, TIM	
STREET ADDRESS	3401 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARGARET M OP	
STREET ADDRESS	3401 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARR, JERRY	
STREET ADDRESS	3401 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fenton, William E	
STREET ADDRESS	3401 South Congress Avenue	
CITY-ST-ZIP	Boynton Beach, FL 33426	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Jerry Carr

1/28/00

561-737-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)