

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 28 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000071137

1. Entity Name
BARRY & CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3465 CLARK RD** 3. Mailing Address **1820 Ringling Boulevard**

Suite, Apt. #, etc. **APT 264** Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **SARASOTA** City & State **Sarasota, FL**

4. FEI Number **65-0830676** Applied For Not Applicable

Zip **34231** Country **USA** Zip **34236** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Lawrence M. Hankin, P.A.**

Street Address (P.O. Box Number is Not Acceptable) **1820 Ringling Boulevard**

City **Sarasota** **FL** Zip Code **34236**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President BarKaras 6341 Drexel Avenue Los Angeles, CA 90048	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005754040-- -06/11/02--01099--003 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	201-25-AR 10.00-ARACTS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	88.75-ARSUPP

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Karas **Barry KARAS** 04/04/02 323-954-9134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #