=
=
_
=
=
=
_
=
=
=
=
=
=
_
_
\equiv

معجمتان في معمدها المرازات المرازات

2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # \$22009** 1. Entity Name BARCLAY'S INTERNATIONAL REALTY. INC. 01-26-2000 90009 032 ***158.75 Mailing Address Principal Place of Business 249 PERUVIAN AVENUE 249 PERUVIAN AVENUE SUITE F-1 SUITE F-1 PALM BEACH FL 33480-4673 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0236699 Not A. Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANNOCK, G. STEVEN Street Address (P.O. Box Number is Not Acceptable) 1800 S AUSTRALIAN AVE STE 402 WEST PALM BEACH FL 33409 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so... Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **EVST** TITLE TITLE ☐ Delete MAYER, EDWARD M NAME NAME STREET ADDRESS 249 PERUVIAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH FL 33480 Change Additio Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additio ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additio ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP

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.

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

17/00 (561) 659-000

Change

☐ Additio