2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TOPED OF PRINTED NA

E OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P9900071740 Mar 23, 2001 8:00 am Secretary of State 1. Entity Name BAR BROTHERS, INC. 03-23-2001 90023 001 ***150.00 Principal Place of Business Mailing Address 1811 PURDY AVENUE 1811 PURDY AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0948898 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETRILLO, LOUIS A Street Address (P.O. Box Number is Not Acceptable) -20901 SW 112TH AVENUE SUITE 100--MIAMI FL 33189-Zip Code 33<u>/39</u> 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DISPENZIERI, RICHARD nddesi NAME NAME 20901 SW 112TH AVENUE SUITE 100 1811 PURPY AUE STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP 33/39 VD. TITLE ☐ Delete TITLE ☐ Addition Change DONOVON, JOHN addiess NAME NAME 20901 SW 112TH AVENUE SUITE-100 STREET ADDRESS STREET ADDRESS 1811 PURDY CITY-ST-ZIP MIAMI FL 33189 CITY-ST-7/P TITLE Delete TITLE ☐ Addition PETRILLO, LOUIS A NAME NAME 20901 SW 112TH AVENUE SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33189 --CITY-ST-ZIP MIAMI ☐ Delete TITLE TITLE ☐ Addition BINKIEWICZ, DAN NAME 4 Genes NAME 917 SURFSIDE-BLVD. STREET ADDRESS STREET ADDRESS MIAMI-BEACH FL-33154 CITY-ST-ZIP CITY-ST-ZIP 33/39 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.