## **FILED 2003 FOR PROFIT CORPORATION** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90524 037 \*\*\*150.00

UNIFORM BUSINESS REPORT (UBR) P97000037493

1. Entity Name

DOCUMENT #

BARRRIISAM CORPORATION

	OAW CONFORMION					
Principal Place of Business 199 NW 79TH STREET MIAMI FL 33150 US		Mailing Address 199 NW 79TH STREET MIAMI FL 33150 US			11004414	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State		4.	4. FEI Number 65-0798456 Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent		
				Name		
JEDWAB,		- 1 -	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
199 NW 1 MIAMI FL	79TH STREET 33150					
			City		FL	Zip Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or r	egistered a	gent, or both, in the State of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title it applicable. (NOT	E: Registered Agent signature	e required when	reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State			\		9. Election Campaign Financing Trust Fund Contribution.   C	\$5.00 May Be Added to Fees
ຳປີ.	OFFICERS AND I	DIRECTORS	11.	A	ODITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE .	PD	☐ Delete	TITLE			☐ Change ☐ Addition
NAME -	HAAS, BRUCE		NAME			
STREET ADDRESS CITY-ST-ZIP	2111 NW 60TH CIRCLE DRIVE BOCA RATON FL 33496		STREET ADDRESS CITY-ST-ZIP			,
TITLE	D	☐ Delete	TITLE	<del> </del>		☐ Change ☐ Addition
NAME	JEDWAB, ORLIE		NAME			i da
STREET ADDRESS	2462 INAGUA		STREET ADDRESS			<b>™</b> .
CITY-ST-ZIP	COCONUT GROVE FL 33133		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME	•	<u> </u>	NAME			{
STREET ADDRESS	-	or the second s	* STREET ADDRESS		,	
CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP		·	
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition

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 607, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP