

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 711458

**Entity Name:** BARRY UNIVERSITY, INC.

**Current Principal Place of Business:**

11300 N.E. SECOND AVENUE  
MIAMI, FL 33161

**Current Mailing Address:**

11300 N.E. SECOND AVENUE  
MIAMI, FL 33161 US

**FEI Number:** 59-0624364

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARRY UNIVERSITY OFFICE OF THE CORPORATE SECRETARY  
11300 NE SECOND AVE  
LAVOIE HALL #110  
MIAMI, FL 33161 US

*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:** JENNIFER BOYD-PUGH, CORPORATE SECRETARY

07/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            ALLEN, MICHAEL  
Address        11300 N.E. SECOND AVENUE  
City-State-Zip: MIAMI FL 33161

Title            TREASURER/CFO  
Name            ROSENTHAL, SUSAN  
Address        11300 N.E. SECOND AVENUE  
City-State-Zip: MIAMI FL 33161

Title            SECRETARY  
Name            BOYD-PUGH, JENNIFER  
Address        11300 N.E. SECOND AVENUE  
City-State-Zip: MIAMI FL 33161

Title            DIRECTOR  
Name            BUSSEL, JOHN  
Address        11300 N.E. SECOND AVENUE  
City-State-Zip: MIAMI FL 33161

Title            CHAIRMAN  
Name            GREENE, GREGORY  
Address        11300 N.E. SECOND AVENUE  
City-State-Zip: MIAMI FL 33161

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER BOYD-PUGH

**CORPORATE  
SECRETARY**

07/03/2023

Electronic Signature of Signing Officer/Director Detail

Date