

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90141 010 ***150.00

DOCUMENT # 546702

1. Entity Name

BARNES, REPOSA, COLE, PETRONE & INDOWSKY, P.A.

Principal Place of Business

Mailing Address

2929 EAST COMMERCIAL BLVD.
 SUITE 409
 FT. LAUDERDALE FL 33308-4296

2929 EAST COMMERCIAL BLVD.
 SUITE 409
 FT. LAUDERDALE FL 33308-4220

00016141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1744054		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BARNES, JOSEPH B. JR. 2929 E. COMMERCIAL BLVD. SUITE 409 FT. LAUDERDALE FL				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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

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 Tax filing requirement and elects to do so. (See criteria on back) <i>open</i>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BARNES, JOSEPH B, JR		NAME	Roger A. Cole			
STREET ADDRESS	2929 E. COMMERCIAL BLVD.		STREET ADDRESS	360 NW 67 Street #202			
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP	Boca Raton, FL 33487			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	VAN VORST, JOHN E		NAME	Alex E. Petrone			
STREET ADDRESS	1800 S. OCEAN BLVD.		STREET ADDRESS	572403 Arbor Club Way			
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP	Boca Raton, FL 33433			
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	INDOWSKY, HYMAN		NAME	Reposa, Richard			
STREET ADDRESS	3925 NE 22ND AVE.		STREET ADDRESS	2375 NE 29th Street			
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	Lighthouse Point, FL			
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REPOSA, RICHARD		NAME				
STREET ADDRESS	2375 NE 29TH STREET		STREET ADDRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT FL		CITY-ST-ZIP				
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOSNELL, THOMAS G.		NAME				
STREET ADDRESS	6421 N.E. 21ST RD		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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.

SIGNATURE:

Alex Petrone Alex Petrone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #