

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90375 023 \*\*\*150.00

**DOCUMENT # 546702**



1. Entity Name  
**MSI BARNES & ASSOCIATES, P.A.**

Principal Place of Business  
**2929 EAST COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL 33308-4296**

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

**90014810**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1744054**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ 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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNES, JOSEPH B, JR	
STREET ADDRESS	2929 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLE, ROGER A	
STREET ADDRESS	1050 NW 3RD STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	DV	<input type="checkbox"/> Delete
NAME	INDOWSKY, HYMAN	
STREET ADDRESS	3925 NE 22ND AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETRONE, ALEX E	
STREET ADDRESS	8431 BOCA GLADES BLVD. EAST	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	REPOSA, RICHARD	
STREET ADDRESS	2375 NE 29TH ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tamayo, Alfredo R.	
STREET ADDRESS	1323 Avocado Isle	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Small, Adam F.	
STREET ADDRESS	9224 Lake Serena Drive	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	VPDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petrone, Alex E.	
STREET ADDRESS	1440 NW 13 Avenue	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:** *[Signature]* **REQUIRED**

1/13/03 954-491-1950

CR2E034 (10/02)