2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

changed, or on an attachment with an address, with all other

SIGNATURE:

Mar 17, 2003 8:00 am Secretary of State 626596 DQCUMENT # 03-17-2003 90478 028 ***150.00 1. Entity Name BARENZE ASSOCIATES, INC. Mailing Address Principal Place of Business C/O SANFORD N. REINHARD C/O SANFORD N. REINHARD 2875 NE 191ST STREET 2875 NE 191ST STREET NORTH MIAMI BCH. FL 33180 NORTH MIAMI BCH. FL 33180 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1938435 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REINHARD, SANFORD N., P.A. Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191ST STREET, SUITE 404 NORTH MIAMI BCH. FL 33180 Zip Code City 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. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10,02 Change Addition TITLE ☐ Delete TITLE NAME GOLDLIST, RENEE NAME STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS CITY-ST-7IP WILLOWDALE ON M2-R2C3 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GOLDLIST, BARRY DAVID NAME STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS CITY-ST-ZIP WILLOWDALE ON M2-R2C3 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME **GOLDLIST, PAUL** NAME STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS CITY-ST-ZIP WILLOWDALE ON M2-R2C3 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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

FILED

Daytime Phone #

Attochment

\$1056873 #626596

SANFORD N. REINHARD, P.A.

ATTORNEY AT LAW
2875 N. E. 1915I STREET
SUITE 404
AVENTURA, FLORIDA 33180

MIAMI (305) 932-7555 TELECOPIER (305) 935-5671

March 12, 2003

Secretary of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: 2003 Corporate Business Report

Gentlemen:

We are enclosing the 2003 Annual Corporation Report for Barenze Associates, Inc. together with a check in the amount of \$150.00 for the filing of the report.

Thank you.

Very truly yours,

Sanford N. Reinhard SNR/hs