2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # 715507** 1. Entity Name BARR TERRACE, INC. 03-26-2001 90148 025 ****61.25 Principal Place of Business Mailing Address 50 EAST ROAD 50 EAST ROAD NUUDIUWI DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1284354 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHERMAN, WILLIAM 50 EAST RD APT 7-C East Rd. # 5 H **DELRAY BEACH FL 33483** Zip Code **3**3 483 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 Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. П Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **Addition** Delete TITLE ☐ Change TITLE William H. Heller NAME DWYER, WILLIAM DR NAME 50 East Rd, # 5H STREET ADDRESS STREET ADDRESS 50 EAST RD #6-F DelRay Beach, FL 33483 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change Addition **VPD** Delete TITLE TITLE NAME VANCE, BLAKE NAME STREET ADDRESS STREET ADDRESS 50 EAST RD #7D CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 **X** Delete TITLE Samuel Wasserman SHERMAN, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 50 EAST RD #7C CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483 X** Delete ☐ Addition TITLE TITLE FEBLOWITZ, GERALD NAME NAME STREET ADDRESS 50 EAST RD. #10A STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33483** TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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. 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 617, 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.

PROMILIAM H. Heller-3-31-01-278-5656