

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90061 033 ****61.25

DOCUMENT # 715507

1. Entity Name

BARR TERRACE, INC.

Principal Place of Business

Mailing Address

**50 EAST ROAD
 DELRAY BEACH FL 33483**

**50 EAST ROAD
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1284354

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HELLER, WILLIAM H
 50 EAST RD 5H
 DELRAY BEACH FL 33483**

Frank Docktor

50 EAST ROAD 9-B

DeLray Beach, FL 33483

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **VPD**
 STREET ADDRESS **VANCE, BLAKE**
 CITY-ST-ZIP **50 EAST RD #7D
 DELRAY BEACH FL 33483**

TITLE ☐ Change ☒ Addition
 NAME **VPD**
 STREET ADDRESS **Gerald Feblowitz**
 CITY-ST-ZIP **50 East Rd # 10A
 Delray Beach, FL 33483**

TITLE ☒ Delete
 NAME **PD**
 STREET ADDRESS **HELLER, WILLIAM H**
 CITY-ST-ZIP **50 EAST RD 5H
 DELRAY BEACH FL 33483**

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **Frank Docktor**
 CITY-ST-ZIP **50 East Road #9B
 Delray Beach, FL 33483**

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **DOMNICK, ARLEN**
 CITY-ST-ZIP **50 EAST RD 2G
 DELRAY BEACH FL 33483**

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **Elizabeth Vance**
 CITY-ST-ZIP **50 East Rd # 7D
 Delray Beach, FL 33483**

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **WASSERMAN, SAMUEL**
 CITY-ST-ZIP **50 EAST RD 12E
 DELRAY BEACH FL 33483**

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **Edward Sinnott**
 CITY-ST-ZIP **50 East Rd # 4C
 Delray Beach, FL 33483**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Docktor 2/25/02 561-243-3784

CR2E037 (9/01)