2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # 724447 01-16-2002 90054 013 ****61.25 1. Entity Name THE BARCLAY, INC. Principal Place of Business Mailing Address 16580 3546 S. OCEAN, BLVD. 3546 S. OCEAN BLVD. S. PALM BEACH FL 33480 S. PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1637902 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) ECKER, POLIAKOFF * STREITFELD 450 AUSTRALIAN AVE., STE. 720 WEST PALM BEACH FL 33401 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 for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change ☐ Delete ☐ Addition 90 KANTOR, HAROLD T NAME NAME STREET ADDRESS 3546 SO OCEAN BLVD APT 817 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Vice-President Charge F Addition TITLE Defete TITLE Nortin Mathews 3546 so Ocean Bird Apt 221 Pain Beach Florida 33480 NAME HOROWITZ, MORRIS NAME STREET ADDRESS 3546 SO OCEAN BLVD APT 824 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Secretarypape alphonse yape 3546 50 Ocean DVd Apt 323 TD Change . Addition Delete BISHOFF,-THEODORE-MALKE STREET ADDRESS 3546 SO OCEAN BLVD APT 826 T) Palmi Beach Florida 33480 CITY-ST-7IP CITY-ST-7/P PALM BEACH FL 33480 Treasurer Robert Keats 3546 So Ocean Blud Apt 803 Palm Deach Fl 33480 TITLE S/T TITLE Change Addition Delete AHRONHEIM, EFIC NAME NAME D STREET ADORESS STREET ADDRESS 3546 SO OCEAN BLVD APT 827 CITY-ST-ZIP CHY-ST-ZIP PALM BEACH FL 33480 Steven abrams 3546 So Ocean Blud Apt 727 Pain Beach, FL 33480 Change ____ Addition TIME 🔀 Delete TITLE MATHEWS, MARTIN NAME NAME STREET ADDRESS 3546 SO OCEAN BLVD APT 221 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director PALM BEACH FL 33480 Change ☐ Addition Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 end 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.

== Haffid I. Kantor President

SIGNATURE: 1

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FILED Mar 11, 2002 8:00 am