

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90139 030 \*\*\*150.00

0513004

DOCUMENT # F00000004843

1. Entity Name

BARRY MINARS, INC.

Principal Place of Business

82-29 210 STREET  
QUEENS NY 11427

Mailing Address

PO BOX 301  
OAKLAND GARDENS NY 11364

2. Principal Place of Business

3. Mailing Address

6037 INDIAN FOREST CIRCLE PO BOX 742082

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLA.

City & State

BOYNTON BEACH, FLA.

Zip

Country

33463

Zip

Country

33474

4. FEI Number

11-2945093

Applied For

Not Applicable

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

MINARS, BARRY  
6037 INDIAN FOREST CIRCLE  
LAKE WORTH FL 33463

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

BARRY MINARS, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

2.1.2001

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MINARS, BARRY L	
STREET ADDRESS	6037 INDIAN FOREST CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MINARS, ESTHER	
STREET ADDRESS	6037 INDIAN FOREST CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 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

BARRY MINARS, PRES. 2.1.2001

Date

561 432 5980

CR2E034 (10/00)