

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F55626

1. Entity Name

BAROQUE ASSOCIATES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90074 022 ***150.00

Principal Place of Business

% BRUCE C. SKLAR
14550 S.E. 61ST ROAD
OCKLAWAHA FL 32179
US

Mailing Address

% HILDA KRESSEL
8060 SUNRISE LAKES DR STE 27-106
SUNRISE FL 33322-1682

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2597900

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

KRESSEL, HILDA
8060 SUNRISE LAKES DR, N
SUITE 27-106
SUNRISE FL 33322

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	SKLAR, BRUCE CHARLES	
STREET ADDRESS	14550 S.E. 61ST ROAD	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUCHHEIMER, SHERYL	
STREET ADDRESS	9-19 6TH STREET	
CITY-ST-ZIP	FAIRLAWN NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRESSEL, HILDA	
STREET ADDRESS	8060 SUNRISE LAKES DR N, SUITE 27-106	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: Bruce C. Sklar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 954/749-6594
Date Daytime Phone #

CR2E034 (9/99)