

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F86452

1. Entity Name

BARKER INSURANCE & FINANCIAL SERVICES, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90089 027 ***150.00

Principal Place of Business

Mailing Address

15500 NEW BARN ROAD
STE. 200
MIAMI LAKES FL 33014

15500 NEW BARN ROAD
STE. 200
MIAMI LAKES FL 33014-2177

2. Principal Place of Business

2801 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 680

City & State

Coral Gables, FL

Zip

33134

Country

DADE

3. Mailing Address

2801 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 680

City & State

Coral Gables, FL

Zip

33134

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2207663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDING, MARIA-ELENA B.
15500 NEW BARN ROAD
STE. 200
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

HARDING, MARIA-ELENA B.

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

2801 Ponce de Leon Blvd

Suite 680

City

Coral Gables

FL

Zip Code

33134

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	HARDING, MARIA-ELENA B.	
STREET ADDRESS	8836 NW 151 TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33018	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/2000 (305) 447-4103

CD000004 (0/000)