

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90004 045 ***550.00

DOCUMENT # F94000000737

1. Entity Name

BARTHCO INTERNATIONAL, INC.



Principal Place of Business

1362 NW 78TH AVE
MIAMI FL 33126
US

Mailing Address

7575 HOLSTEIN AVE
PHILADELPHIA PA 19153-3222
US

54072706



MOORE

CR2E034 (4/04)

2. Principal Place of Business

1825 N.W. 87th Ave
Suite, Apt. #, etc.

3. Mailing Address

7575 Holstein Ave
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Phila PA

4. FEI Number **23-1733430**

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

19153

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **CPS**
STREET ADDRESS **COLGAN, DENNIS JR.**
CITY-ST-ZIP **12 COVE ROAD**
MOORESTOWN NJ 08057

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **ERCOLANI, JOHN D**
CITY-ST-ZIP **2 DEVON ROAD**
CINNAMISON NJ 08077

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **QUEE, ROBERT CHIN**
CITY-ST-ZIP **1095 MIDLAND ST**
UNIONDALE NY 11553

TITLE ☐ Delete
NAME **CEOS**
STREET ADDRESS **COLGAN, DENNIS JR.**
CITY-ST-ZIP **12 COVE ROAD**
MOORESTOWN NJ 08057

TITLE ☐ Delete
NAME **COO**
STREET ADDRESS **WEISS, DAVID M**
CITY-ST-ZIP **6030 MAIN STREET**
VOORHEES NJ 08043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 607, 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:

Todd E. Wilen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/8/04

(715) 937-6612