

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000005810**

1. Entity Name

BARKLEY FINANCIAL CORP.**FILED**
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90097 001 ***300.00

Principal Place of Business

Mailing Address

**100 W CYPRESS CREEK RD
820
FT LAUDERDALE FL 33309****100 W CYPRESS CREEK RD
820
FT LAUDERDALE FL 33309****24278**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0548729**Applied For
Not Applicable

Zip

Country

Zip

Country

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

**STUART, RUBIN
100 W. CYPRESS CREEK RD.
820
FT. LAUDERDALE FL 33309**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	RUBIN, STUART	6470 NW 98TH LANE	PARKLAND FL 33076				
VP	SCHWARTZ, STEVEN	682 VERONA CT	WESTON FL 33326				
VP	PARKER, PATRICK	6TH E. CYPRESS HEAD DR.	PARKLAND FL 33067				

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

01-26-01 (954) 489-0888

Date

Daytime Phone #

CR2E034 (10/00)