

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90118 011 ***150.00

DOCUMENT # F99000003062

1. Entity Name
BARRINGTON INTERNATIONAL HOSPITALITY, INC.



Principal Place of Business
**2645 EXECUTIVE PARK DRIVE
STE 155
WESTON FL 33331**

Mailing Address
**2645 EXECUTIVE PARK DRIVE
STE 155
WESTON FL 33331**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2645 EXECUTIVE PARK DRIVE

3. Mailing Address
2645 EXECUTIVE PARK DRIVE

Suite, Apt. #, etc.
SUITE 155

Suite, Apt. #, etc.
SUITE 155

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33331

Country
USA

Zip
33331

Country
USA

4. FEI Number
65-0555148

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAXWELL, J. TODD
2645 EXECUTIVE PARK DRIVE
STE 155
FORT LAUDERDALE FL 33331**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SISTARE, PAUL J
2645 EXECUTIVE PARK DR STE 155
FORT LAUDERDALE FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
MAXWELL, J. TODD
2645 EXECUTIVE PARK DR STE 155
FORT LAUDERDALE FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03

Date

Daytime Phone #

CR2E034 (10/02)