

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90017 027 \*\*\*150.00

**DOCUMENT # K34324**

1. Entity Name

**B.A.R.S., INC.**

Principal Place of Business

Mailing Address

--- S. CYPRESS BEND DR  
--- 607  
--- BEACH FL 33069

P.O. BOX 10151  
POMPANO BEACH FL 33061-6151  
US

2. Principal Place of Business

3. Mailing Address

**2200 S. Cypress Bend Dr**  
Suite, Apt. #, etc.  
**105**

Suite, Apt. #, etc.

City & State  
**Pompano Beach FL**

City & State

Zip  
**33069**

Country  
**US**

Zip

Country

4. FEI Number

**54-0885325**

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

**STEIN, A. L.**  
**2202 S. CYPRESS BEND DRIVE**  
**SPT. 607**  
**POMPANO BEACH FL 33069**

Name

**STEIN, A. L.**

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

**2200 S. Cypress Bend Dr apt 105**

City

**Pompano Beach**

FL

Zip Code

**33069**

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

*Leona F Stein Pres*

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	ST	<input type="checkbox"/> Delete
NAME	STEIN, A.L.	
STREET ADDRESS	2202 CYPRESS BEND #607	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEIN, ALAN	
STREET ADDRESS	2202 CYPRESS BEND #607	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEIN, LEONA F.	
STREET ADDRESS	2202 CYPRESS BEND #607	
CITY-ST-ZIP	POMPANO BEACH FL	
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, A.L.	
STREET ADDRESS	2200 S. Cypress Bend Dr #105	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, A.L.	
STREET ADDRESS	2200 S. Cypress Bend Dr #105	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, LEONA F.	
STREET ADDRESS	2200 S. Cypress Bend Dr #105	
CITY-ST-ZIP	Pompano Beach FL 33069	
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
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:

*Leona F Stein Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/2000 954-9738170**

CR2E034 (9/99)