

# 2002-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0184818 AV

**DOCUMENT # K77184**

1. Entity Name  
**BARNETT REAL ESTATE INVESTORS, INC.**

03-29-2002 91512 001 \*\*\*\*\*8.75  
 03-29-2002 91512 002 \*\*\*150.00

Principal Place of Business  
**8910 MIRAMAR PKWY**  
**STE 210**  
**MIRAMAR FL 33025**  
**US**

Mailing Address  
**8910 MIRAMAR PKWY**  
**STE 210**  
**MIRAMAR FL 33025**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1500 UNIVERSITY DR.**  
 Suite, Apt. #, etc.  
**SUITE # 253**  
 City & State  
**CORAL SPRINGS, FL.**  
 Zip  
**33071**  
 Country  
**BROWARD**

3. Mailing Address  
**1500 UNIVERSITY DRIVE**  
 Suite, Apt. #, etc.  
**SUITE # 253**  
 City & State  
**CORAL SPRINGS, FL.**  
 Zip  
**33071**  
 Country  
**BROWARD**

4. FEI Number **65-0109166**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BARNETT, WILLIE**  
**8910 MIRAMAR PKWY #210**  
**HOLLYWOOD FL 33025**  
**1500 UNIVERSITY DR.**  
**SUITE # 253**  
**CORAL SPRINGS FL 33071**

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.

SIGNATURE \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST BARNETT, WILLIE 8910 MIRAMAR PKWY #210 HOLLYWOOD FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1500 UNIVERSITY DR, SUITE # 253 CORAL SPRINGS, FL. 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Willie Barnett 3/18/02 954-914-6104  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)