

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005250

1. Entity Name

BARKER-HARDING INVESTMENTS L.L.C.

Principal Place of Business

8836 S.W. 151ST TERRACE
MIAMI FL 33018

Mailing Address

~~8836 S.W. 151ST TERRACE
MIAMI FL 33018-1399~~

2. Principal Place of Business

8836 SW 151 Terrace

3. Mailing Address

2801 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

680

City & State

Miami Lakes, FL

City & State

Coral Gables, FL

Zip

33018

Country

U.S.A.

Zip

33134

Country

U.S.A.

4. FEI Number

65-093951X

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDING, MARIA-ELENA B

8836 S.W. 151ST TERRACE

MIAMI FL 33018

7. Name and Address of New Registered Agent

Name

~~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 MARIA-ELENA B. HARDING

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SHAH, M. ARSHID
STREET ADDRESS 2601 PONCE DE LEON BLVD. SUITE 680
CITY-ST-ZIP CORAL GABLES FL 33134 (deceased, 3/8/2000)

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10. ADDITIONS/CHANGES

TITLE ~~MANAGER~~
NAME MARIA-ELENA B. HARDING
STREET ADDRESS 2801 Ponce de Leon Blvd, #680
CITY-ST-ZIP Coral Gables, FL 33134

☒ Change ☒ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of a trust empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3-31-2000

714-62