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

## Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # L99093** BARBIZON LODGE, INC. 04-11-2001 90033 028 \*\*\*158.75 Principal Place of Business Mailing Address 3334 BROADWAY 3334 BROADWAY RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0232584 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANDYA, DINESH B Street Address (P.O. Box Number is Not Acceptable) 4263 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition PANDYA, BHARAT P. NAME NAME STREET ADDRESS STREET ADDRESS 102 SE CAPRONA AVE. CITY-ST-7IP CITY-ST-ZIP PORT ST. LUCIE FL TITLE ☐ Delete TITLE T Change PANDYA, DINESH B. NAME NAME Pandya, Dinesh B. STREET ADDRESS 4243 NORTHLAKE BLVD STREET ADDRESS 4243 Northlake Blvd., Suite D CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Palm Beach Gardens, FL 33410 TITLE ☐ Delete THTLE Change NAME NAME Kakkar, Yash Pal STREET ADDRESS STREET ADDRESS 4243 Northlake Blvd., Suite D CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens, FL 33410 ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CR2E034 (10/00)

Yash Pal Kakkar 4-3-01 561-627-7988 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CTETATY

a Poor 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 see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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 of the corporation or the receiver or trus

address

with all other like empowered.

changed, or on an attachment with ar

SIGNATURE: