

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001639

1. Entity Name

THE IRON BARR GROUP, INC.

Principal Place of Business

18367 N.W. 27TH AVE.
#15
MIAMI FL 33056

Mailing Address

18367 N.W. 27TH AVE.
#15
MIAMI FL 33056

2. Principal Place of Business

15930 NW 17TH PL
Suite, Apt. #, etc.

3. Mailing Address

15930 NW 17TH PL
Suite, Apt. #, etc.

City & State

OPA-LOCKA, FL

City & State

OPA-LOCKA, FL

Zip
33054

Country
USA

Zip
33054

Country
USA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE 01-02

4. FEI Number

65-1018391

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARR, JUDY
2000 N.W. 152ND. ST.
OPA-LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

JUDY BARR

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

15930 NW 17TH PL

City

OPA-LOCKA

FL

Zip Code

33054

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.

JUDY E. BARR

Judy E. Barr

3/22/02

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 617, 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: JUDY E. BARR

3/22/02

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