

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # N99000000869

1. Entity Name

BARBADOS, JAMAICA REVITALIZATION CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

02-16-2000 90030 018 ****61.25

Principal Place of Business

Mailing Address

503 PALMETTO ROAD
LAKE PARK FL 33403

503 PALMETTO ROAD
LAKE PARK FL 33403-2219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

- Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0895307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VSTD ☒ Delete
NAME MARTIN, NORMAN
STREET ADDRESS 503 PALMETTO ROAD
CITY-ST-ZIP LAKE PARK FL 33403

TITLE D VICE PRESIDENT ☐ Change ☒ Addition
NAME MAE W. SIDERS
STREET ADDRESS 426 BAYBERRY DRIVE
CITY-ST-ZIP LAKE PARK 33403

TITLE PD ☐ Delete
NAME HAREWOOD, WESLEY
STREET ADDRESS 503 PALMETTO ROAD
CITY-ST-ZIP LAKE PARK FL 33403

TITLE D SECRETARY ☐ Change ☒ Addition
NAME PATRICK M. SCANTLEBURY
STREET ADDRESS 5100 43RD ST. APT 1B W P B FL 33407
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D PRESIDENT ☐ Change ☐ Addition
NAME WESLEY HAREWOOD
STREET ADDRESS 503 PALMETTO RD
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Wesley Harewood 3/6/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)