

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90074 033 \*\*\*\*61.25

**DOCUMENT # N99000000869**

1. Entity Name

**BARBADOS/JAMAICA REVITALIZATION, INC. SECOND STA  
RT**

Principal Place of Business

**900 U.S. HWY 1, PALM BLDG  
SUITE 206  
LAKE PARK FL 33403**

Mailing Address

**900 U.S. HWY 1, PALM BLDG  
SUITE 206  
LAKE PARK FL 33403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0895307**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAREWOOD, WESLEY  
900 U.S. HWY 1, PALM BLDG  
SUITE 206  
LAKE PARK FL 33403**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAREWOOD, WESLEY</b> <b>900 U.S. HWY 1, PALM BLDG #206</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAREWOOD, WESLEY</b> <b>900 U.S. HWY 1, PALM BLDG #206</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SP</b> <b>HAREWOOD, WESLEY</b> <b>900 U.S. HWY 1, PALM BLDG #206</b> <b>LAKE PARK FL 33403</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>ROBINSON, ALTON</b> <b>900 U.S. HWY 1, PALM BLDG #206</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCANTLEBURY, PATRICK</b> <b>900 U.S. HWY 1, PALM BLDG #206</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>THOMAS, CLARETTA</b> <b>900 U.S. HWY 1, PALM BLDG #206</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LYDIA JONES</b> <b>900 U.S. HWY 1, PALM BLDG</b> <b>LAKE PARK FL 33403</b>	<input checked="" type="checkbox"/> Change <input checked="" 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	<b>LU KHEWELLYN</b> <b>900 U.S. HWY 1, PALM BLDG #206</b> <b>LAKE PARK FL 33403</b>	<input checked="" type="checkbox"/> Change <input checked="" 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

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: WESLEY HAREWOOD** **WESLEY HAREWOOD** 4/29/02 5618324157  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)