

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008940

1. Entity Name

THE BAR, INC.

FILED

01 MAY 18 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
330 SE 6TH TERR.
POMPANO BEACH FL 33060

Mailing Address
330 SE 6TH TERR.
POMPANO BEACH FL 33060

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

65-0975330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUZIK, MICHAEL
330 SE 6TH TERR.
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name: NHAN JACKSON
Street Address (P.O. Box Number Is Not Acceptable):
4323 NW 65th Terrace
City: Coral Springs FL Zip Code: 33067

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida.

SIGNATURE: *Xorham Ali Jackson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GUZIK, MICHAEL | |
| STREET ADDRESS | 330 SE 6TH TERR. | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GUZIK, GARY | |
| STREET ADDRESS | 330 SE 6TH TERR. | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NHAN JACKSON | |
| STREET ADDRESS | 4323 NW 65th TERRACE | |
| CITY-ST-ZIP | Coral Springs, FL 33067 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Xorham Ali Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

954-788-3669

Daytime Phone #

CR2E034 (10/00)