

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 14, 2002 8:00 am
Secretary of State**

05-14-2002 90339 014 ***150.00

DOCUMENT # P0000051926

1. Entity Name

BARCODE RESTAURANT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1437 Washington Avenue

Suite, Apt. #, etc.

3. Mailing Address

1437 Washington Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, Florida

City & State
Miami Beach, Florida

4. FEI Number
65-1085655

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Louis J. Terminello, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Terminello & Terminello, P.A.

2700 S.W. 37th Avenue

City
Miami

FL

Zip Code
33133

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 the # applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Vice-President, Secretary
Thomas, Peter Treasurer, Director
1437 Washington Avenue
Miami Beach, Florida 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all duties provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Terminello

4/30/02

(305)534-1711

Date

Telephone Prefix #

CR2E034B (12/01)