

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063332

1. Entity Name

BARRIER WALL OF FLORIDA, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90188 044 ***150.00

Principal Place of Business

1360 SW 21ST AVENUE
BOCA RATON FL 33486

Mailing Address

1360 SW 21ST AVENUE
BOCA RATON FL 33486

2. Principal Place of Business

1300 NW 17 Avenue

Suite, Apt. #, etc.

Suite 112

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Address

1300 NW 17 Avenue

Suite, Apt. #, etc.

Suite 112

City & State

Delray Beach, FL

Zip

33445

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1020229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSILLO, FRANK
8600 NW 53 TERRACE
SUITE 201
MIAMI FL 33166

7. Name and Address of New Registered Agent

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

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 type="checkbox"/> Delete
NAME	BAL, DEBRA	
STREET ADDRESS	1360 SW 21ST AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 NW 17 Avenue #112	
CITY-ST-ZIP	Delray Beach, FL 33445	
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		
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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 or other like empowered.

SIGNATURE:

Debra A. Bal

DEBRA A. BAL, PRES. 4/30/01

561-330-0196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)