CR2E034 (5/01

FILED

Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR) Jul 19, 2001 8:00 am

P00000069604 DOCUMENT # 1. Entity Name 07-19-2001 90002 038 ***550.00 BARCELONA PROPERTIES, INC. Mailing Address Principal Place of Business 5831 HAMILTON WAY 5831 HAMILTON WAY B0060213 **BOCA RATON FL 33496 BOCA RATON FL 33496** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 105-103604 Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGER, RICHARD Street Address (P.O. Box Number is Not Acceptable) **5831 HAMILTON WAY BOCA RATON FL 33496** Zin 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May_Be Flection Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Delete TITLE TITLE Isinger, Richard NAME NAME STREET ADDRESS 5831 HAMILTON WAY STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP IBOCA RATON FL 33496 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MACKINTOSH, KELLY 2301 BARCELONIA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME POULAKOS, GEORGE NAME STREET ADDRESS STREET ADDRESS 2301 BARCELONIA DRIVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 of the corporation of changed, or on an a all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Davtime Phone #