

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90035 035 \*\*\*150.00

**DOCUMENT # P00000097053**

1. Entity Name

**FIRST NATIONAL BARTER CORPORATION**

Principal Place of Business

**1221 BRICKELL AVENUE  
 SUITE 900  
 MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVENUE  
 SUITE 900  
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

**65-1051897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BENSON, MARK  
 1221 BRICKELL AVENUE  
 SUITE 900  
 MIAMI FL 33131**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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** ☐ Delete  
 NAME **BENSON, MARK**  
 STREET ADDRESS **1221 BRICKELL AVENUE, SUITE 900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
 NAME **PLEETER, LESLIE**  
 STREET ADDRESS **1221 BRICKELL AVENUE, SUITE 900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**MARK BENSON** Sep. 5/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-535-9293**

CR2004 (5/01)



Attachment

1221 Brickell Avenue  
Suite 900  
Miami, Florida 33131

T: 954-535-9293  
F: 954-755-2529

A0085365

Doc # P00000097053

September 5, 2001

Florida Department of State  
Tallahassee, Florida

To Whom This May Concern:

Please be advised that we did not receive the Florida annual report until the one being returned now. We are also a new business and did not know to expect such a statement.

Please accept our enclosed check for \$150 as payment in full.

Thank you,

A handwritten signature in black ink, appearing to be 'Mark Benson', written over a horizontal line.

Mark Benson  
Pres.