

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

DOCUMENT #

1. Entity Name

P00000 111451

DO-NOT-WRITE-IN-THIS-SPACE

2. Principal Place of Business

109 SE 11th AVE

3. Mailing Address

109 SE 11th AVE

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH

City & State

POMPANO BEACH

4. FEI Number

65-1057983

Applied For

Not Applicable

Zip

33060

COUNTRY

USA

Zip

33060

COUNTRY

USA

5. Certificate of Status Desired

☐

\$9.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name FERGAL BARRETT

Street Address, P.O. Box Number & No. (if applicable)

109 SE 11th AVE #3

City

POMPANO BEACH

FL

Zip Code

33060

**DO NOT WRITE
IN THIS SPACE**

8. This document hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

FERGAL BARRETT

2/1/02

9. This corporation is eligible to elect its intangible tax filing requirement and elects to do so. (See or item on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$95.25

Main Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	FERGAL BARRETT	109 SE 11th AVE #3	POMPANO BEACH FL 33060
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
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(2)(b), 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 this corporation or its 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 the accompanying with an address, with all other like empowered.

SIGNATURE: Fergal Barrett FERGAL BARRETT

2/1/02 305-296-8269

UNIFORM BUSINESS REPORT (UBR)

Attachment #

DOCUMENT # P00000111451

1. Entity Name

Principal Place of Business

Mailing Address

2. Principal Place of Business

109 SE 11th Ave.

3. Mailing Address

109 SE 11th Ave.

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

Pompano Beach

City & State

Pompano Beach

4. FEI Number

65-1057983

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

91651

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

FERGAL BARRETT

Street Address (P.O. Box Number is Not Acceptable)

109 SE 11th Ave. #3

City

Pompano Beach

FL

Zip Code

33060

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.

Fergal Barrett

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEES IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Fergal Barrett
109 SE 11th Ave. #3
Pompano Beach, FL 33060

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fergal Barrett Fergal Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-296-8269

Daytime Phone #

CR2E037 (11/00)