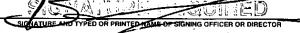
**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 27, 2002 8:00 am Secretary of State P01000029423 DOCUMENT # 1. Entity Name BAR PAINTING & RESTORATION SERVICES, INC. 02-27-2002 90001 048 \*\*\*150.00 Principal Place of Business Mailing Address 2035 HARDING STREET, SUITE 200 2035 HARDING STREET, SUITE 200 HOLLYWOOD FL 33020-2797 HOLLYWOOD FL 33020-2797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For -1099010 Not Applicable Zip Country 7in Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYER, BERNARD S Street Address (P.O. Box Number is Not Acceptable) 2035 HARDING STREET, SUITE 200 HOLLYWOOD FL 33020-2797 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MEYER, BERNARD S NAME NAME STREET ADDRESS 453 POINCIANA ISLAND DRIVE STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MEYROWITZ, ANDREW NAME STREET ADDRESS **425 POINCIANA DRIVE** STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP D, TITLE ☐ Delete TITLE Change ☐ Addition NAME KURZMAN, RICHARD NAME STREET ADDRESS 10001 NW 50TH STREET STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



2-8-02

422-3:14

Daytime Phone #