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

04-10-2002 90666 033 ****61.25
FILED P01000050228

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050228

1. Entity Name
2530 BARCELONA, INC.

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B0064418
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	
2900 E Oakland Park Blvd	P. O. Box 14280	65-1145365	Applied For / Not Applicable
Suite, Apt. #, etc. Third Floor	Suite, Apt. #, etc.		
City & State Fort Lauderdale, FL	City & State Greensboro, NC		
Zip 33306 Country USA	Zip 27415 Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Patrick O'Neal
Street Address (P.O. Box Number Is Not Acceptable): 2900 E Oakland Park Blvd, Third Floor
City: Fort Lauderdale FL Zip Code: 33306

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 resigning) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/D	TITLE	
NAME	William T. Stover	NAME	
STREET ADDRESS	2900 E Oakland Park Blvd Third Flr	STREET ADDRESS	
CITY-ST-ZIP	~~Fort Lauderdale, FL 33306~~	CITY-ST-ZIP	
TITLE	~~D/T~~ T	TITLE	
NAME	Jeffrey L. Mott	NAME	
STREET ADDRESS	2900 E Oakland Park Blvd Third Flr	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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JBM/25

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey L. Mott Treasurer Jeffrey L. Mott 3/14/02 954-563-4803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #