

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108958

1. Entity Name
BARTHOLOMEW PARTNERS, CORPORATION

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90343 001 ***150.00

Principal Place of Business	Mailing Address
ONE RIVER PLAZA, 305 S. ANDREWS, #504 FT. LAUDERDALE FL 33301	ONE RIVER PLAZA, 305 S. ANDREWS, #504 FT. LAUDERDALE FL 33301

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-1158163	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSL, EUGENE A
224 SE 17TH AVE.
FT. LAUDERDALE FL 33301

Name

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

City

FL Zip Code

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVSD	<input type="checkbox"/> Delete
NAME	OSL, EUGENE A	
STREET ADDRESS	ONE RIVER PLAZA, 305 S. ANDREWS, #504	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

TITLE	224 S.E. 17 th AVE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FT-LAUDERDALE, FLORIDA 33301		
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 119, 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 empowerments.

SIGNATURE: *Eugene A. OSL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 954-463-2152

Date

Daytime Phone #

CR2E034 (9/01)