

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90314 029 ***150.00

DOCUMENT # P02000032881

1. Entity Name
FORTUNE BARRY, INC.



Principal Place of Business
4465 N. UNIVERSITY DRIVE
LAUDERHILL FL 33351

Mailing Address
11471 W. SAMPLE ROAD. #41
CORAL SPRINGS FL 33065

2. Principal Place of Business
1091 S UNIVERSITY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State
PLANTATION, FL

Zip Country

33324-3364 US

4. FEI Number
36-4492450

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WONG, ELAINE Y. L.
4465 N. UNIVERSITY DRIVE
LAUDERHILL FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WONG, ELAINE Y. L.**
STREET ADDRESS **4465 N. UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33351**

TITLE **P** ☒ Change ☐ Addition
NAME **1512 WHITEHALL DRIVE, APT #204**
STREET ADDRESS **FORT LAUDERDALE, FL 33324**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **PHAN, THANH P**
STREET ADDRESS **8930 STATE ROAD 84, #263**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (904) 423-8088
Date Daytime Phone #

CR2E034 (10/02)