

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000015781****1. Entity Name**
BARTOW HOLDING CO., INC.**Principal Place of Business****1910 STATE RD 60- WEST
BARTOW FL 33830
US****Mailing Address****18071 BISCAYNE BLVD
1801 T 3 N
AVENTURA FL 33160
US****2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****65-0400620****Applied For**

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KNESKI, PETER/KNESKI &
BISCAYNE BUILDING - SUITE 807
19 W FLAGLER ST.
MIAMI FL 33130****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.**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**
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LANDSMAN, SAMUEL
18071 BISCAYNE BLVD #1801-N3
N MIAMI BEACH FL 33160 ☐ Delete**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LANDSMAN, RHODA
18071 BISCAYNE BLVD #1801-N3
N MIAMI BEACH FL 33160**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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 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:****SIGNATURE REQUIRED**
Samuel Landsman, Pres. 1/10/02 305-931-1090
Samuel Landsman
Date Daytime Phone #**FILED**
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90014 004 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)