2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P93000018762 Jan 14, 2000 8:00 am **Secretary of State** BARCLAY'S INTERNATIONAL MORTGAGE BROKERS, INC. 01-14-2000 90048 045 ***150.00 Principal Place of Business Mailing Address 249 PERUVIAN AVE 249 PERUVIAN AVE SUITE F-4 SHITE F-4 PALM BEACH FL 33480-4673 PALM BEACH FL 33480 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0397476 Not Applicable Zip Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRANNOCK, G. S. Street Address (P.O. Box Number is Not Acceptable) 1800 AUSTRALIAN AVE SOUTH STE. 402 WEST PALM BEACH FL 33409 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE Delete TITLE NAME wyner, robert STREET ADDRESS STREET ADDRESS 249 PERUVIAN AVE CITY-ST-ZIP CITY-ST-ZIP PALM BCH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE WEADOCK, GREGORY NAME 149 Peruvian Ave F-5 NAME STREET ADDRESS STREET ADDRESS 1527-SO-FLAGLER-DR-#110E CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAYER, EDWARD M NAME NAME STREET ADDRESS STREET ADDRESS 249 PERUVIAN AVE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change ☐ Addition TITLE ☐ Delete TITLE WYNER, SHIRLEY NAME NAME STREET ADDRESS STREET ADDRESS 249 PERUVIAN AVE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.