

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000018762**

1. Entity Name

BARCLAY'S INTERNATIONAL MORTGAGE BROKERS, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90003 019 ***158.75

Principal Place of Business

**249 PERUVIAN AVE
SUITE F-4
PALM BEACH FL 33480
US**

Mailing Address

**249 PERUVIAN AVE
SUITE F-4
PALM BEACH FL 33480
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0397476**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANNOCK, G. S
1800 AUSTRALIAN AVE SOUTH
STE. 402
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	WEADOCK, GREGORY	
STREET ADDRESS	249 PERUVIAN AVE F-5	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	EVP	<input type="checkbox"/> Delete
NAME	MAYER, EDWARD M	
STREET ADDRESS	249 PERUVIAN AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input type="checkbox"/> Delete
NAME	WYNER, SHIRLEY	
STREET ADDRESS	249 PERUVIAN AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Wyner	
STREET ADDRESS	249 Peruvian Ave #F-5	
CITY-ST-ZIP	Palm Beach, FL 33480	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Edward Mayer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Mayer

Date

1/6/2001

Daytime Phone #

(561) 659-0000

CR2E034 (10/00)