2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **P93000032659** 1. Entity Name BARBELLA GARDENS, INC. 04-07-2000 90059 002 ***150.00 Principal Place of Business Mailing Address 17050 N.W. 55 AVE. %-1010 PONCE DE LEON-BLVD: CHITE DOL 000043 OPALOCKA FL 33055 CORAL GABLES FL 22124 2. Principal Place of Business 3. Mailing Address 7809 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0433006 FLA 1 4/ALEAH Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired HIAYI-DAN 33015 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYNDA V. HARRIS CORPORATION INFORMATION SERVICES INC. O. Box Number is Not Acceptable) N. W. 192. STREET 1201 HAYS ST. TALLAHASSEE FL 32301 Zip Code 330/5 HIALEAH 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 <u>3/21/2000</u> SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 PRESIDENT, DIRECTOR LYNDA VI HARRIS X Delete ☐ Addition X Change TITLE TITLE FERRERA. ANDREW NAME NAME 7809 NIW1192 St. STREET ADDRESS 1313 PONCE DE LEON BLVD, OUTTE 301 STREET ADDRESS HIALEAH, FLORIDA, 33015 CITY-ST-ZIP DITY-ST-7IP CORAL CABLES FL SELETMY Change ☐ Addition TITLE Delete TITLE LYNDA VI HARRIS NAME FERRERA, ANDREW NAME 7809 NIWI 192 St 1313 PONCE DE LEON BLVD; STE-301 STREET ADDRESS STREET ADDRESS HIALEAH, FLOMDA, 33015 CITY-ST-ZIP CORAL CABLES FL CITY-ST-ZIP 🔀 Delete ☐ Change Addition TITLE TITLE NAME FERRERA. DORIS NAME STREET ADDRESS 1010 PONCE DE LEON BLVD., CTE 001 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP CORAL GABLES FL TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

PRESIDENT

3/21/2000

305-430-9226

Daytime Phone #

☐ Change

☐ Addition

(%) +001200