

FILED  
May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90450 013 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 993000073634

1. Entity Name

BARRICADE DESTROYERS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14120 NW 7TH AVE

Suite, Apt. #, etc.

3. Mailing Address

14120 NW 7TH AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

650449145

Applied For

Not Applicable

Zip

33168

Country

US

Zip

33168

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name KENZER, STEVEN

Street Address (P.O. Box Number is Not Acceptable)

5813 FUNSTON ST.

City

HOLLYWOOD

FL

Zip Code

33023

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable

(NOTE: Registered Agent Signature not a red when registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PSD  
KENZER, STEVEN  
5813 FUNSTON ST  
HOLLYWOOD FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VTD  
DOCHMAN, VOSSI  
14120 NW 7TH AVE  
MIAMI FL 33168

TITLE  
NAME  
STREET ADDRESS

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

VOSSI, DOCHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date:

Signature: Thomas A

CR2E034B (12/01)