

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000077681**

1. Entity Name

Barchni Inc.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90131 043 ***158.75

A0047008

Principal Place of Business

Mailing Address

2. Principal Place of Business

100 S. Military Trail

Suite, Apt. #, etc.

#19

Deerfield Beach FL

33442

USA

3. Mailing Address

100 S. Military Trail

Suite, Apt. #, etc.

#19

Deerfield Beach FL

33442

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0454622

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Kenneth Suhandron
100 S. Military Trail
Suite #19
Deerfield Beach, FL 33442

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

Kenneth Suhandron

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Suhandron, Kenneth
100 S. Military Trail #19
Deerfield Beach, FL 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Kenneth Suhandron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/05/01 9024282224

Daytime Phone #

CR2E034 (11/00)