

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082432

1. Entity Name

VALERIE K.H. BARKER, P.A.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90262 031 ***150.00

Principal Place of Business

444 BRICKELL AVE
SUITE 218
MIAMI FL 33131
US

Mailing Address

444 BRICKELL AVE
SUITE 218
MIAMI FL 33131
US

9409 / U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 BRICKELL AVE.

3. Mailing Address

1101 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 1402

City & State

MIAMI FL

Suite, Apt. #, etc.

SUITE 1402

City & State

MIAMI FL

4. FEI Number 65-0448536

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKER, VALERIE K.H.
444 BRICKELL AVENUE
SUITE 218
MIAMI FL 33131

Name

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

1101 BRICKELL AVENUE

SUITE 1402

City
MIAMI

FL

Zip Code
33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BARKER, VALERIE K. H
5147 NORTH BAY ROAD
MIAMI BEACH FL 33140 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01
Date

305-358-0850
Daytime Phone #

CR2E034 (10/00)