

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

0816167 AT

DOCUMENT # P94000056323

1. Entity Name

BARCLOST INTERNATIONAL, LTD., INC.

02-27-2002 90057 018 ***150.00

Principal Place of Business

**4 MAIN STREET
 SUITE 201
 LOS ALTOS CA 94022
 US**

Mailing Address

**4 MAIN STREET
 SUITE 201
 LOS ALTOS CA 94022
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

77-0383482

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAURER, JANI E ESQ.
 1489 W. PALMETTO PARK RD.
 SUITE 440
 BOCA RATON FL 33486**

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **STILLMAN, ABBOTT**
 CITY-ST-ZIP **670 WHITE PLAINS RD.
 SCARSDALE NY 10583**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BARCLAY, CHRISTOPHER J**
 CITY-ST-ZIP **C/O B. CLOSS & ASSOC., 4 MAIN ST., SUITE 201
 LOS ALTOS CA**

TITLE ☒ Change ☐ Addition
 NAME **% B. CLOSS & ASSOC., 101 FIRST ST., #642**
 STREET ADDRESS **LOS ALTOS, CA. 94022**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **CLOSS, WILLIAM R**
 CITY-ST-ZIP **4 MAIN ST., SUITE 201
 LOS ALTOS CA 94022**

TITLE ☒ Change ☐ Addition
 NAME **% B. CLOSS & ASSOC., 101 FIRST ST., #642**
 STREET ADDRESS **LOS ALTOS, CA. 94022**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **BARCLAY, DAI MIN**
 CITY-ST-ZIP **C/O B. CLOSS & ASSOC., 4 MAIN ST., SUITE 201
 LOS ALTOS CA**

TITLE ☒ Change ☐ Addition
 NAME **% B. CLOSS & ASSOC., 101 FIRST ST., #642**
 STREET ADDRESS **LOS ALTOS, CA. 94022**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William R. Closs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 (650) 941-9773

Date

Daytime Phone #

CR2E034 (9/01)