

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90001 017 ***150.00

DOCUMENT # P96000062404

1. Entity Name

BARBAR INVESTMENT GROUP, INC.



Principal Place of Business

**150 E PALMETTO PARK RD
 STE 525
 BOCA RATON FL 33432
 US**

Mailing Address

**150 E PALMETTO PARK RD
 STE 525
 BOCA RATON FL 33432
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0688998

Applied For
 Not Applicable

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

**BARBAR, ANTHONY K
 150 E PALMETTO PARK RD
 STE 525
 BOCA RATON FL 33432**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P**
 STREET ADDRESS **BARBAR, ANTHONY K**
 CITY-ST-ZIP **150 E PALMETTO PARK RD STE 525
 BOCA RATON FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-01

Date

561-368-0818

Daytime Phone #

0076641 AV

CF2E034 (5/01)



Attachment
979534
#P96000062404

September 17, 2001

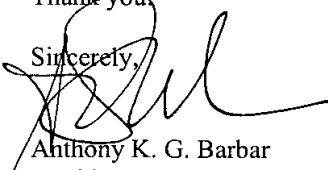
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a check in the amount of \$150 for filing of the 2001 Uniform Business Report. We did not receive a January letter from your office. I spoke with your office today and was told to attach a note with that information.

Thank you,

Sincerely,


Anthony K. G. Barbar
President

Enclosure