

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

FILED

02 MAY 28 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000071137

1. Entity Name

BARRY & CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3465 CLARK RD

3. Mailing Address

1820 Ringling Boulevard

Suite, Apt. #, etc.

APT 264

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA

City & State

Sarasota, FL

4. FEI Number

65-0830676

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence M. Hankin, P.A.

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

1820 Ringling Boulevard

City

Sarasota

FL

Zip Code

34236

**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 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) ☐

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

President

BarKaras

6341 Drexel Avenue

Los Angeles, CA 90048

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000005754040--
-06/11/02--01099--003
****300.00 ****300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

201-25-AR

10.00-ARACTS

88.75-ARSUPP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Karas

04/04/02

323-954-9131

Date

Daytime Phone #

CR2E034B (12/01)