

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90089 027 ***150.00

DOCUMENT # P97000085526

1. Entity Name
BARCLAY CALE P.A.



Principal Place of Business
**225 HARBOR DRIVE
KEY BISCAYNE FL 33149**

Mailing Address
**225 HARBOR DRIVE
KEY BISCAYNE FL 33149**



2. Principal Place of Business

600 Grape tree Dr.

3. Mailing Address

P.O. BOX 10

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 11 FS

City & State

Key Biscayne FL

City & State

Key Biscayne, FL

Zip

33149

Country

Miami-Dade

Zip

33149

Country

Miami-Dade

4. FEI Number

65-0783130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALE, BARCLAY
225 HARBOR DRIVE
KEY BISCAYNE FL 33149**

Name

CALE, BARCLAY

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

600 Grape tree Dr.

Apt. 11 FS

City

Key Biscayne

FL

Zip Code

33149

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Barclay Cale**
Signature, typed or printed name of registered agent and title if applicable.

BARCLAY CALE, PRES.

1/18/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$350.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CALE, BARCLAY**
STREET ADDRESS **225 HARBOR DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
NAME **CALE, BARCLAY**
STREET ADDRESS **600 Grape tree Dr., Apt 11 FS**
CITY-ST-ZIP **Key Biscayne, FL 33149**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barclay Cale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-361-0777

CR2E034 (10/02)