

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025859

1. Entity Name

LINBAR GROUP, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90098 014 ***150.00

Principal Place of Business

2363 TIMBERCREEK CIRCLE
BOCA RATON FL 33431

Mailing Address

2363 TIMBERCREEK CIRCLE
BOCA RATON FL 33498-4642

2. Principal Place of Business

19489 Sedgefield Terrace
Suite, Apt. #, etc.

3. Mailing Address

19489 Sedgefield Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0831317

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

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

HOROWITZ, BARRY
2363 TIMBERCREEK CIRCLE
BOCA RATON FL 33431

Name

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

19489 Sedgefield Terrace

City

Boca Raton

FL

Zip Code

33498

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 Barry Horowitz

Signature, typed or printed name of registered agent and the applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD
NAME HOROWITZ, BARRY
STREET ADDRESS 2363 TIMBERCREEK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS 19489 Sedgefield Terrace
CITY-ST-ZIP Boca Raton, FL 33498

☒ Change ☐ Addition

TITLE
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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: Barry Horowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/00

Daytime Phone #

561-483-7780

CR2E034 (9/99)