

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025859

1. Entity Name

LINBAR GROUP, INC.

Principal Place of Business

19489 SEDGEFIELD TERRACE
BOCA RATON FL 33498

Mailing Address

19489 SEDGEFIELD TERRACE
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0831317

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

HOROWITZ, BARRY
19489 SEDGEFIELD TERRACE
BOCA RATON FL 33498

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, 2001 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 19489 SEDGEFIELD TERRACE
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry Horowitz* Barry Horowitz 4/23/01 561-483-7780

OPTIONAL: ANY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90235 044 ***150.00

K0070430



DO NOT WRITE IN THIS SPACE

LINBAR GROUP
19489 Sedgefield Terrace
Boca Raton, Florida 33498
Tel: 561-483-7780
Fax: 561-483-8288
E-mail: Linbar@flinet.com

Attachment
DFP980000095859
A0078454

July 10, 2001

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Per the suggestion of an internet reply from corphelp@mail.dos.state.fl.us, I am re-submitting our 2001 Uniform Business Report. This report was filed the last week in April. I checked with our bank and the check we wrote has not cleared. As such, please find enclosed a photocopy of our original report with a new check. Thank you for your assistance in this matter.

Sincerely,



Barry Horowitz