## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000045426 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** F. BARBAT DEVELOPMENT CORP. 01-27-2000 90107 045 \*\*\*150.00 Principal Place of Business Mailing Address 4401 N.W. 6TH AVE. 4401 N.W. 6TH AVE. POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-2557 2. Principal Place of Business 3. Mailing Address 420 NW 39 St 420 NW 39 St Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0837107 Pompano Beach, FL Not Applicable Beach. Pompano \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33064 3306<u>4</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Septimiu Florin Barbat Street Address (P.O. Box N., iber is Not Acceptable) 420 NW 39 St BARBAT, SEPTIMIU F 4401 N.W. 6TH AVE. POMPANO BEACH FL 33064 Zip Code Pompano Beach 33064 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. 1/10/00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. . $\square$ Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Change Addition DΡ ☐ Delete TITLE TITLE P NAME BARBAT, SEPTIMIU F NAME Barbat, Septimiu Florin STREET ADDRESS STREET ADDRESS 4401 N.W. 6TH AVE. 420 NW 39 St CITY-ST-ZIP CITY-ST-ZIP POMPANO\_BEACH FL 33064 Pompano Beach, FL 33064 Change ☐ Addition Delete TITLE TITLE NAME NAME ESTRADA, MARIA F Barbat, Maria Fabiola STREET ADDRESS STREET ADDRESS 4401 N.W. 6TH AVE. 420 NW\_39 St CITY-ST-ZIP CITY -ST - ZIP POMPANO BEACH FL 33064 Pompano Beach, FL 33064 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 it 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.

CR2E034 (9/99)

ON BOUNDATE OUTRED 1/10/00
Date Date Destruction Date Destruction