

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90118 013 ***150.00

DOCUMENT # P99000010744

1. Entity Name
BARBOUR GROUP ENTERPRISES CORP.

Principal Place of Business Mailing Address
3900 N.W. 79TH AVE. **PO BOX 52-7443**
SUITE 230 **MIAMI FL 33152**
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

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 **65-0895070** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ISAZA, LUIS F
2657 N.W. 98TH PLACE
MIAMI FL 33172

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	<input type="checkbox"/> Delete
NAME	ISAZA, LUIS	
STREET ADDRESS	2957 N.W. 98TH PLACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ISAZA, RITA W	
STREET ADDRESS	2957 N.W. 98TH PLACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
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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 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: *[Signature]* **LOUIS F. ISAZA** 1-22-02 305-594-2147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 President

CR2E034 (9/01)