

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016144

1. Entity Name

E & L BARRY PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

150 BRADLEY PLACE, #403
PALM BCH FL 33480

150 BRADLEY PLACE, #403
PALM BCH FL 33480-3836

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0895389

☒ 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

KUDELKO-BARBIERI, LYNN
150 BRADLEY PLACE, #403
PALM BCH FL 33480

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, 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

TITLE PD
NAME KUDELKO-BARBIERI, LYNN
STREET ADDRESS 150 BRADLEY PLACE, #403
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

TITLE V
NAME BARBIERI, ERNEST
STREET ADDRESS 150 BRADLEY PLACE, #403
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

TITLE ST
NAME NAPOLI, CHARLES M
STREET ADDRESS S. MAIN ST.
CITY-ST-ZIP PINE PLAINS NY 12567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 2000 659-7164