## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000056391** Apr 17, 2000 8:00 am Secretary of State INWOOD INTERNATIONAL, INC. 04-17-2000 90060 036 \*\*\*150.00 Mailing Address Principal Place of Business 21830 PALM GRASS DRIVE 21830 PALM GRASS DRIVE **BOCA RATON FL 33428-4785** BOCA RATON FL 33428-4785 3. Mailing Address 2. Principal Place of Business 182 CLADES ROAD 182 GLADES ROAD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Rity & State Applied For 65-0927194 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DELFINO DE BARNI, BEATRIZ E Street Address (P.O. Box Number is Not Acceptable) 21830 PALM GRASS DRIVE **BOCA RATON FL 33428-4785** 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. (NOTE: Registered Agent signature required when reinstating) DATE 10. [Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ،11. PRES IDENT M Change ☐ Addition ☐ Delete TITLE TITLE 182 GLADES ROAD DELFINO DE BARNI, BEATRIZ E NAME NAME STREET ADDRESS 21830 PALM GRASS DRIVE STREET ADDRESS BOCA RATON FZ CITY-ST-ZIP **BOCA RATON FL 33428-4785** CITY-ST-7IP 33432 VICE PRESIDENT. 🕰 Change Addition ☐ Delete TITLE TITLE BARNI, ELVIO RAMON NAME NAME 182 CHADES ROAD 21830 PALM GRASS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428-4785** CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #