

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000056391**

1. Entity Name

INWOOD INTERNATIONAL, INC.

Principal Place of Business

**178
GLADES RD
BOCA RATON FL 33432**

Mailing Address

**178 GLADES RD
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DELFINO DE BARNI, BEATRIZ E
178 GLADES RD
BOCA RATON FL 33432**

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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELFINO DE BARNI, BEATRIZ E 178 GLADES RD BOCA RATON FL 33432	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARNI, ELVIO RAMON 178 GLADES RD BOCA RATON FL 33432	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 15, 2001 8:00 am
Secretary of State**

05-15-2001 90043 021 ***150.00

00066030

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0927194**

Applied For

Not Applicable

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

0302345

CR2E034 (10/00)

04/27/01

Date

(304) 447-7772

Daytime Phone #