

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90060 026 ***150.00

DOCUMENT # P99000056391

1. Entity Name

INWOOD INTERNATIONAL, INC.

Principal Place of Business

~~182 GLADES RD~~ **178 Glades Rd**
BOCA RATON FL 33432

Mailing Address

~~(182 GLADES RD)~~ **178 Glades Rd**
BOCA RATON FL 33432

2. Principal Place of Business

178 Glades Rd

3. Mailing Address

178 Glades Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

BOCA RATON, FL

Zip

33432

Country

U.S.A

Zip

33432

Country

U.S.A

4. FEI Number

65-0927194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DELFINO DE BARNI, BEATRIZ E

~~182 GLADES RD~~ **178 Glades Rd**
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **Beatriz Barni**

Street Address (P.O. Box Number is Not Acceptable)

178 Glades Rd

City

Boca Raton, FL

FL

Zip Code

33432

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

Beatriz Barni President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/24/02

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, 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

TITLE	P/S	<input type="checkbox"/> Delete
NAME	DELFINO DE BARNI, BEATRIZ E	
STREET ADDRESS	182 GLADES RD 178 Glades Rd	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	BARNI, ELVIO RAMON	
STREET ADDRESS	182 GLADES RD 178 Glades Rd	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELFINO DE BARNI, BEATRIZ	
STREET ADDRESS	178 Glades Rd	
CITY-ST-ZIP	Boca Raton - FL 33432	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNI, ELVIO RAMON	
STREET ADDRESS	178 Glades Rd	
CITY-ST-ZIP	Boca Raton - FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

Beatriz Barni (PRESIDENT)

04/24/02

361 4479772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)