

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098133

1. Entity Name

BARBARA J. CANTALINI, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90166 035 \*\*\*150.00

Principal Place of Business

Mailing Address

730 PASSOVER LANE  
KEY WEST FL 33040

730 PASSOVER LANE  
KEY WEST FL 33040-7104

2. Principal Place of Business

3255 FLAGLER AVE

3. Mailing Address

3255 FLAGLER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

405

405

City & State

KEY WEST FL

City & State

KEY WEST FL

4. FEI Number

65-0975314

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANTALINI, BARBARA  
730 PASSOVER LANE  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

BARBARA CANTALINI

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

3255 FLAGLER AVE UNIT 405

City

KEY WEST F

FL

Zip Code

33040

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

BARBARA CANTALINI

DATE

2/27/00

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 D  
NAME CANTALINI, BARBARA  
STREET ADDRESS 730 PASSOVER LANE  
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA CANTALINI PRES.

Date

Daytime Phone #

2/27/00 305-296-8269

CR2E034 (9/99)