

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098410

1. Entity Name

BARBIAR, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90005 019 \*\*\*150.00

Principal Place of Business

Mailing Address

% BARBARA HUFFMAN, 224 PLYMOUTH RD.  
WEST PALM BEACH FL 33405

% BARBARA HUFFMAN, 224 PLYMOUTH RD.  
WEST PALM BEACH FL 33405

2. Principal Place of Business

~~BARBARA HUFFMAN~~  
Suite, Apt. #, etc.

3. Mailing Address

~~SAME~~  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

~~West Palm Beach FL~~

City & State

~~West Palm Beach FL~~

4. FEI Number

15-0962279

Applied For

Not Applicable

Zip

~~33405~~

Country

~~USA~~

Zip

~~33405~~

Country

~~USA~~

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

HUFFMAN, KENT ESQ.  
223 SUNSET AVE.  
PALM BEACH 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUFFMAN, BARBARA	
STREET ADDRESS	223 SUNSET AVE.	
CITY-ST-ZIP	PALM BEACH FL 33480	
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		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Huffman	
STREET ADDRESS	224 PLYMOUTH	
CITY-ST-ZIP	WPB FL 33405	
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		
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:

*Barbara Huffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Huffman 3/3/00, PRESIDENT  
Date

561 582-5827  
Daytime Phone #

CR2E034 (9/99)