

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V19788**

1. Entity Name

BARRY BUSINESS SYSTEMS, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90215 003 ***550.00

0020903 AV

Principal Place of Business

**7158 LAUREL LANE
MIAMI LAKES FL 33014**

Mailing Address

**7158 LAUREL LANE
MIAMI LAKES FL 33014**

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0311162**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****OSMAN, L. MICHAEL
1800 WEST 49TH STREET
SUITE 100
HIALEAH FL****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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP**D
BARRY, THOMAS
7158 LAUREL LANE
MIAMI LAKES FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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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 like empowered.**SIGNATURE:****Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-21-02 3054232469

CR2E034 (4/02)