

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90129 009 ***150.00

DOCUMENT # V63402

1. Corporation Name
BART REINES CLEARING, INC.

Principal Place of Business

~~5460 PINE TREE DRIVE~~
~~MIAMI BEACH FL 33140~~

Mailing Address

~~5460 PINE TREE DRIVE~~
~~MIAMI BEACH FL 33140~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1992

4. FEI Number
65-0357458

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2345 Lake Ave
Suite, Apt. #, etc.

22 City & State
Miami Beach, FL

23 Zip Country
33140 USA

24 33140 25 USA

2a. Mailing Address

26 2345 Lake Ave
Suite, Apt. #, etc.

27 City & State
Miami Beach, FL

28 Zip Country
33140 USA

29 33140 30 USA

9. Name and Address of Current Registered Agent

~~KRONENFELD, JEFFREY L~~
~~NATIONSBANK TOWER, SUITE 2020~~
~~ONE FINANCIAL PLAZA~~
~~FT LAUDERDALE FL 33304-9006~~

10. Name and Address of New Registered Agent

81 Name Issac Matz

82 Street Address (P.O. Box Number is Not Acceptable)
2742 Biscayne Blvd.

83

84 City Miami

85 Zip Code
FL 33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Issac Matz

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

(NOTE: Registered Agent signature required when reinstating)

1/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS REINES, BART
CITY-ST-ZIP 5460 PINE TREE DRIVE
FT. LAUDERDALE FL 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Issac Matz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)