

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98245

1. Entity Name

DBARRIOS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90082 032 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3001 NW 17TH AVE
 MIAMI FL 33142-6158

3001 NW 17TH AVE
 MIAMI FL 33142-6158

2. Principal Place of Business

PO Box 42-0427

3. Mailing Address

PO Box 42-0427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0180318

Applied For

Not Applicable

Zip

Country

33242-0427 USA

Zip

Country

33242-0427 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRIOS, JOSE A.
 3001 NW 17TH AVE
 MIAMI FL

7. Name and Address of New Registered Agent

Name BARRIOS, JOSE A.

Street Address (P.O. Box Number is Not Acceptable)
 380 SOUTH HIBISCUS DRIVE

City MIAMI BEACH FL Zip Code 33139

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DS	BARRIOS, JOSE A.	3001 NW 17TH AVE	MIAMI FL	<input type="checkbox"/>
DP	BARRIOS, JOSE A. JR	3001 NW 17TH AVE	MIAMI FL	<input type="checkbox"/>
DT	BARRIOS, LYDIA	3001 NW 17TH AVE	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		380 SOUTH HIBISCUS DRIVE	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		380 SOUTH HIBISCUS DRIVE	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		380 SOUTH HIBISCUS DRIVE	MIAMI BEACH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00 (305) 635-3382

Date

Daytime Phone #

CR2E034 (9/99)