FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90191 049 ***150.00

DOCUMENT # P95000011570

1. Entity Name
Anthony Baradat & Associates

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8601 S. Bayshore Dr.	8601 S. Bayshore Dr.
Suite, Apt. #, etc. Suite 300C	Suite, Apt. #, etc. Suite 300C
City & State Miami, FL	City & State Miami, FL 33133
Zip 33133 Country USA	Zip 33133 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0554561 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Anthony Baradat

Street Address (P.O. Box Number is Not Acceptable): 13320 SW 96 Avenue

City: Miami **FL** Zip Code: 33176

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Anthony Baradat
STREET ADDRESS	13320 SW 96 Avenue
CITY-ST-ZIP	Miami, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/16/03 305-859-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #