## 2000 UNIFORM BUSINESS REPORT (UBR)

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

## FILED **DOCUMENT # V16595** Jan 28, 2000 8:00 am Secretary of State 1. Entity Name BARA-TECH CORP. 01-28-2000 90073 046 \*\*\*150.00 Principal Place of Business Mailing Address 2800 SW 73 WAY 2800 SW 73 WAY APT 1602 APT 1602 DAVIE FL 33328-7117 DAVIE FL 33314 US 2. Principal Place of Business 3. Mailing Address 2764 E. ABIALA CIRCLE CIRCLE 2764 E. ABIACA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0326154 DAULE DAUIE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USÀ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATTHEW BARDNET MAITHEN BARANET: MATTHEW E. ... 2800 SW 73 WAY **APT 1602** DAVIE FL 33314 DAVIE of registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE Delete BARANET, MATTHEW E 2764 EAST ABIACA CIRCLE BARANET, MATTHEW E NAME NAME STREET ADDRESS 2800 SW 73 WAY APT 1602 STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP DAUIE FUA 33328 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Date