2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90064 046 ***150.00

DOCUMENT # P00000111756

1. Entity Name

JOSE BARINAS, INC.

Principal Place of Business: 7666 SW 152 AVE #21, MIAMI, FL 33193

Mailing Address:

A0962505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7666 SW 152 AVE

Suite, Apt. #, etc.: 21

City & State: MIAMI, FLORIDA

Zip: 33193 Country:

3. Mailing Address:

Suite, Apt. #, etc.:

City & State:

Zip: Country:

4. FEI Number: APPLY FOR. ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOSE BARINAS
7666 SW 152 AVE #21
MIAMI, FL 33193

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.

SIGNATURE: [signature] 4-24-01

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, 2001 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	☐ Delete
TITLE: D-D NAME: JOSE BARINAS STREET ADDRESS: 7666 SW 152 AVE #21 CITY-ST-ZIP: MIAMI, FL 33193	☐
TITLE: VP-D NAME: LAURA R. FRANCO STREET ADDRESS: 7666 SW 152 AVE #21 CITY-ST-ZIP: MIAMI, FL 33193	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ ☐

CR2E034 (11/00)

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] 4-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #