

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90048 049 ***158.75

DOCUMENT # 382423

1. Entity Name

ADCO PATCH, INC.

Principal Place of Business

Mailing Address

3091 NW 129TH STREET
OPA LOCKA FL 33054

3091 NW 129TH STREET
OPA LOCKA FL 33054-6291

2. Principal Place of Business

3. Mailing Address

3970 NW 167 STREET

3970 NW 167 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FL

Zip

Country

33055 USA

Zip

Country

33055 USA

4. FEI Number

59-1424260

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, EDDIE J
3091 NW 129 ST
PO BOX 262
OPA LOCKA FL 33054

Name

EDDIE J. BARNES

Street Address (P.O. Box Number is Not Acceptable)

3970 NW 167 ST.

City

MIAMI

FL

Zip Code

33055

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 *Eddie J. Barnes* **EDDIE J. BARNES**

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

(NOTE: Registered Agent signature required when reinstating)

2-8-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BARNES, EDDIE J**
CITY-ST-ZIP **3091 NW 129TH ST.**
OPA LOCKA FL 33054

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **BARNES, JOANNE**
CITY-ST-ZIP **3091 NW 129TH ST.**
OPA LOCKA FL 33054

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 *Joanne M. Barnes* **Joanne M. BARNES** **2-8-00** **305-681-2196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)