

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90020 015 ***550.00

DOCUMENT # K04980

1. Entity Name

BARES, INC.

Principal Place of Business

**2831 N.E. 22ND AVENUE
POMPANO BEACH FL 33064**

Mailing Address

**2831 N.E. 22ND AVENUE
POMPANO BEACH FL 33064**

2. Principal Place of Business

7803 MONTEZUMA TRAIL

3. Mailing Address

7803 MONTEZUMA TR.

Suite, Apt. #, etc.

ORLANDO FL

Suite, Apt. #, etc.

ORLANDO FL

City & State

City & State

Zip **32825**

Country

USA

Zip **32825**

Country

USA

4. FEI Number **65-0017914**

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

**BARES, JAROMIR R.
2831 N.E. 22ND AVENUE
POMPANO BEACH FL 33064**

Name **BARES JAROMIR R**

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

7803 MONTEZUMA TRAIL

City **ORLANDO**

FL

Zip **32825**

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

Jaromir Bares

5-5-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARES, JAROMIR R.	
STREET ADDRESS	2831 N.E. 22ND AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARES JAROMIR R	
STREET ADDRESS	7803 MONTEZUMA TR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jaromir Bares **JAROMIR BARES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-10-2001 407
277 8909**

CR2E034 (10/00)