

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000003066

1. Entity Name  
BAREDO, LLC

FILED

01 APR 30 PM 6:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
17 SOUTHEAST 24TH AVENUE  
POMPANO BEACH FL 33062

Mailing Address  
17 SOUTHEAST 24TH AVENUE  
POMPANO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4400 N. Federal Hwy  
Suite, Apt. #, etc.

3. Mailing Address  
same  
Suite, Apt. #, etc.

City & State  
BOCA RATON FL

City & State

4. FEI Number  
65-0996908

Applied For  
Not Applicable

Zip  
33431

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOVANOVIĆ, DOUGLAS P.A.  
17 SOUTHEAST 24TH AVENUE  
POMPANO BEACH FL 33062

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
NIKETIC, VEDRAN  
17 SOUTHEAST 24TH AVENUE  
POMPANO BEACH FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4400 N. Federal Hwy  
BOCA RATON FL 33431 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Vedran Niketic

4-27-01

391-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)