


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000010440**  
 1. Entity Name  
**BARCELO FINE ARTS, INC.**



**90138493**

Principal Place of Business  
 2344 PONCE DE LEON BLVD  
 CORAL GABLES, FL 33134

Mailing Address  
 2344 PONCE DE LEON BLVD  
 CORAL GABLES, FL 33134

2. Principal Place of Business  
**2050 SW 139 Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2050 SW 139 Avenue**  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-0985750**

Applied For  
 Not Applicable

Zip  
**33175**

Country  
**USA**

Zip  
**33175**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BARCELO, DIXAN E**  
**2050 SW 139 AVENUE**  
**MIAMI, FL 33176**

**7. Name and Address of New Registered Agent**

Name **Alfredo Barcelo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2050 SW 139 AVENUE**

City **Miami, FL** Zip Code **33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Alfredo Barcelo** **5/2/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning)

**FILE NOW!!! FEE IS \$160.00**  
**After May 17, 2003 Fee will be \$350.00**  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BARCELO, ALFREDO	2050 SW 139TH AVENUE	MIAMI, FL 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: **Alfredo Barcelo** **5/2/03** **(305) 775-9971**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E034 (10/02)

(attachment)  
90138493

May 21, 2003

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

**RE: BARCELO FINE ARTS, INC.**  
**DOCUMENT # P00000010440**

**SUBJECT: Uniform Business Report 2003**

To Whom It May Concern:


Dear Sir and/or Madam:

The present is to request that you waive the penalty for not filing the 2003 Uniform Business Report on time. **I never received the form.**

Enclosed you'll find a revised copy with the address change of the 2003 UBR for our company, along with a check. We apologized for the inconvenience. Your consideration will be greatly appreciated.

If you need additional information, please contact me at (305) 775-9971.

Respectfully yours,

  
Alfredo Barcelo  
President & Owner