

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063273

1. Entity Name

BARRIOS A/C, INC.

Principal Place of Business

3511 RIVIERA DRIVE  
CORAL GABLES FL 33134

Mailing Address

3511 RIVIERA DRIVE  
CORAL GABLES FL 33134

2. Principal Place of Business

~~3511 Riviera Dr~~

3. Mailing Address

~~same~~

Suite, Apt. #, etc.

3511 Riviera Dr.

Suite, Apt. #, etc.

City & State

C. Gables, FL

City & State

Zip

33135

Country

U.S.A

Zip

Country

6. Name and Address of Current Registered Agent

BARRIOS, JOHN  
3511 RIVIERA DRIVE  
CORAL GABLES FL 33134

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

John Barrios

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

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 PSTD  
NAME BARRIOS, JOHN  
STREET ADDRESS 3511 RIVIERA DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

305-774-4601

Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90134 001 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)