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

## **DOCUMENT #**

1. Entity Name

P00000063273

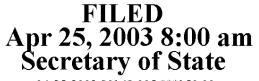


BARRIOS A/C, INC.

Principal Place of Business
1664 S.W. 9TH STREET
MIAMI DL 33134

Mailing Address 1664 S.W. 9TH STREET **MIAMI DL 33134** 

2. Principal Place of Business	3. Mailing Address	٠٠٠.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City 6 Charles	Ö': 2 2 2 4	



04-25-2003 90148 005 \*\*\*150.00

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2. Principal Place of Business 3. Mailing Address			-						
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State City & State			65-1021353		oplied For ot Applicable				
Zip Country Zip Country			-5. Certificate of Status Desired - \$8.75. Additional Fee Required						
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent					
			Name						
BARRIOS, JOHN 3511 RIVIERA DRIVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
•	IABLES FL 33134								
OOIME O	INDEED I E 00/104		City		Zîp Cod				
<u> </u>			City	F	┗ ╽ <u>┈</u>				
		or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Fiorida. I am	ı familiar with,	and accept			
ine obliga	tions of registered agent.	$\mathcal{N}(^{-})$		11.	. 1 -				
SIGNATURE	- Jetter			4/10	103				
	Signature, typed printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DATE	<u>/                                      </u>				
	ILE NGW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5.0	<b>10</b> May Be			
	r May 1, 2003 Fee will be \$550.00	4 Ctata		· · ·		to Fees			
<u> </u>	k Payable to Florida Department o								
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AN					
TITLE	PSTD   Barios, John	☐ Delete	TITLE		☐ Change	☐ Addition			
NAME STREET ADDRESS	3511 RIVIERA DRIVE		NAME STREET ADDRESS			ļ			
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		Change	☐ Addition			
NAME			NAME			_			
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition			
NAME	·		NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition			
NAME STREET ADDRESS	;		NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition			
IAME	{		NAME		_ •	_ (			
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLÉ		☐ Delete	TITLE		☐ Change	Addition			
NAME	}		NAME			}			
STREET ADDRESS			STREET ADDRESS CITY-ST-7IP			İ			
111 - 31 - 4JF			■ VIII: ai-Zir						

12. I hereby certify that the information supplied with this filling 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 trusted 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 empowered.

SIGNATURE: