

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90034 033 ***150.00

DOCUMENT # P00000073401

1. Entity Name

G. Barco, Inc.

Principal Place of Business
 1101 Brickell Ave.
 Suite 1100
 Miami, FL. 33131

Mailing Address
 1101 Brickell Ave.
 Suite 1100
 Miami, FL. 33131

2. Principal Place of Business
 1111 Kane Concourse

3. Mailing Address
 1111 Kane Concourse

Suite, Apt. #, etc.
 Suite 611 A

Suite, Apt. #, etc.
 Suite 611 A

City & State
 Bay Harbor Islands, FL

City & State
 Bay Harbor Islands, FL

4. FEI Number
 65-1028149

Applied For
 Not Applicable

Zip
 33154

Country
 U.S.A.

Zip
 33154

Country
 U.S.A.

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pena, J. David
 1101 Brickell Ave.
 Suite 1100
 Miami, FL 33131

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

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 ☐ Delete
 NAME Gomez, Bernardo
 STREET ADDRESS 1101 Brickell Ave.
 CITY-ST-ZIP Suite 1100
 Miami, FL. 33131 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 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:

Bernardo Gomez Bernardo Gomez, President (305) 773-95387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/100)