2002 UNIFORM BUSINESS REPORT (UBR)

05-21-2002 91165 006 ***150.00
FILED P00000074475

02 JUN 19 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074475

1. Entity Name
Barcelona International Inc.

Principal Place of Business	Mailing Address
First Union Finacial Centre 200 South Biscayne Blvd. Downtown Miami Fla 33131	First Union Finacial Centre 200 South Biscayne Blvd. Downtown Miami Fla 33131

2. Principal Place of Business		3. Mailing Address	
200 South Biscayne Blvd		200 South Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Downtown Miami Fla		City & State: Downtown Miami Fla	
Zip: 33131	Country	Zip: 33131	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1036633 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Juan Alberto Taboas
200 South Biscayne Blvd.
Downtown Miami -Fla 33131

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 X [signature] 04/30/02
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) ☑

[illegible]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P,S,T Juan Alberto Taboas 200 South Biscayne Blvd. Downtown Miami Fla 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: X [signature] 04/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #