

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90158 018 ***150.00

DOCUMENT # P00000111756
1. Entity Name
JOSE BARINAS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7666 S W 152 AVE Suite, Apt. #, etc. # 21 City & State MIAMI FL 33193 Zip 33193 Country USA		3. Mailing Address 7666 S W 152 AVE Suite, Apt. #, etc. # 21 City & State MIAMI FL 33193 Zip 33193 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1146918	Applied For ☐ Not Applicable
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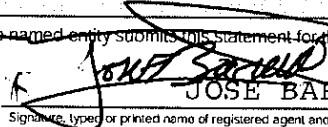
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSE BARINAS	
Street Address (P.O. Box Number is Not Acceptable) 7666 S W 152 AVE # 21	
City MIAMI	State FL
Zip Code 33193	

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  **JOSE BARINAS** **PRESIDENT** **04/15/2002**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

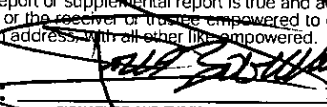
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D JOSE BARINAS 7666 S W 152 AVE # 21 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAURA R. FRANCO VP/S7B 7666 S W 152 AVE # 21 MIAMI FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSE BARINAS** **PRESIDENT** **04/15/2002** **308-388-7354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)