

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90143 009 ***150.00

0132760 AV

DOCUMENT # P00000113801
 1. Entity Name
BARROS EXPRESS, INC.

Principal Place of Business 101 W 37 ST HIALEAH FL 33012	Mailing Address 101 W 37 ST HIALEAH FL 33012
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18865 N.W. 63 CT. Circle	3. Mailing Address 18865 M.W. 63 CT. Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Fl.	City & State Miami, Fl.
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4. FEI Number 65-1060964	Applied For <input type="checkbox"/> Not Applicable
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Zip 33015	Country Miami-Dade	Zip 33015	Country Miami-Dade
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARROS, FEDERICO
101 W 37 ST
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
BARROS, ANGEL R.

Street Address (P.O. Box Number is Not Acceptable)
18865 N.W. 63 CT. Circle

City
Miami, FL Zip Code
33015

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DOMINGUEZ, DAIRA L 101 W 37 ST HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BARROS, ANGEL R 101 W 37 ST HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	18865 N.W. 63 CT. Circle Miami, Fl. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18865 N.W. 63 CT. Circle Miami, Fl. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Angel R. Barros* **Angel R. Barros -President** 01-31-02 305-610-4816
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)