

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90036 046 ***150.00

DOCUMENT # P00000114273

1. Entity Name

BARRIENTOS TILE, INC.

Principal Place of Business

1840 W. 49TH ST. SUITE #100
 HIALEAH FL 33012

Mailing Address

1840 W. 49TH ST. SUITE #100
 HIALEAH FL 33012

2. Principal Place of Business

16573 NW 5 Court

3. Mailing Address

16573 NW 5 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1060991

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33028

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICARDO, RAUL C.P.A.
 1840 W. 49TH ST. SUITE #100
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **Emma Barrientos**

Street Address (P.O. Box Number is Not Acceptable)
16573 NW 5 Court

City **Pembroke Pines**

FL

Zip Code **33028**

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]
 Signed, typed or printed name of registered agent and title if applicable.

Emma Barrientos - Director

4/6/01

(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

TITLE **D** ☐ Delete
 NAME **BARRIENTOS, EMMA**
 STREET ADDRESS **16573 N.W. 5TH COURT**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
 NAME **BARRIENTOS, MARTIN**
 STREET ADDRESS **16573 N.W. 5TH COURT**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin Barrientos

Date

4/6/01

Daytime Phone #

954-435-9064

CR2E034 (10/00)