

2002 UNIFORM BUSINESS REPORT-(UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
 01-15-2002 90051 034 ***150.00

DOCUMENT # P01000032031
1. Entity Name BARBIES THE FOUNTAIN PARADISE, INC. *Check # 2358*

Principal Place of Business 9985 SW 72 STREET
 MIAMI FL 33173
Mailing Address 9985 SW 72 STREET
 MIAMI FL 33173

2. Principal Place of Business 9985 SW 72 St
 Suite, Apt. #, etc. N/A
 City & State Miami FL
 Zip 33173 Country USA
3. Mailing Address 9985 SW 72 St
 Suite, Apt. #, etc. N/A
 City & State Miami FL
 Zip 33173 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 651091036 **Applied For** ☐ **Not Applicable** ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent CALLADO, RICARDO
 16004 NW 82 COURT
 MIAMI FL 33016
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 *[Signature]* **DATE** 1/6/01
(NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLADO, RICARDO 16004 NW 82 COURT MIAMI FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 and authority like empowered.
SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/01)