

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90009 018 \*\*\*158.75

OPTIONAL FORM NO. 1001 (9/01)

**DOCUMENT # P01000067744**

1. Entity Name

**BARRAIL CONSTRUCTION CORPORATION**

Principal Place of Business

C/O JOHN M. MACDANIEL, P.A.  
 TWO SOUTH BISCCAYNE BLVD., SUITE 2975  
 MIAMI FL 33131

Mailing Address

C/O JOHN M. MACDANIEL, P.A.  
 TWO SOUTH BISCCAYNE BLVD., SUITE 2975  
 MIAMI FL 33131

2. Principal Place of Business

**7601 E. Treasure Drive**

3. Mailing Address

**7601 E. Treasure Drive**

Suite, Apt. #, etc.

**#2417**

Suite, Apt. #, etc.

**# 2417**

City & State

**N. Bay Village, FL**

City & State

**N. Bay Village, FL**

Zip

**33141**

Country

**USA**

Zip

**33141**

Country

**USA**

4. FEI Number

**65-1121179**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MACDANIEL, JOHN M ESQ.**  
**ONE BISCAYNE TOWER, SUITE 2975**  
**TWO SOUTH BISCAYNE BLVD.**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Guillermo Barrail**

Street Address (P.O. Box Number is Not Acceptable)

**7601 E. TREASURE DR. # 2417**

City

**North Bay Village FL**

Zip Code

**33141**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**FEB. 17 / 2002**

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	<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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

**2/17/02 (305)866-3117**  
 Date Daytime Phone #

CR2E034 (9/01)