

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90113 011 ***150.00

DOCUMENT # **P01000078831**

1. Entity Name

BARECH CORP.



DO NOT WRITE IN THIS SPACE

90020560

2. Principal Place of Business

6675 INDIAN CREEK DR.

3. Mailing Address

2875 NE 191 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 801

City & State

MIAMI BEACH, FLORIDA

City & State

AVENTURA, FLORIDA

Zip

33140

Country

USA

Zip

33180

Country

USA

4. FEI Number

03-0404715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DANIEL J. SERBER, ESQ.

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

2875 NE 191 STREET,

SUITE 801

City

AVENTURA

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DANIEL J. SERBER, ESQ.

(NOTE: Registered Agent signature required when translating)

DATE

1/15/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARCELO BARRA
5805 BLUE LAGOON DRIVE
MIAMI, FLORIDA 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GONSALO ECIMABUE
5805 BLUE LAGOON DRIVE
MIAMI, FLORIDA 33126**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

MARCELO BARRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

(305) 484-2368

Daytime Phone #

CR2E034B (12/02)