

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90103 029 \*\*\*150.00

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

DOCUMENT # P01000049668

1. Entity Name

Los Barros Corporation

**DO NOT WRITE IN THIS SPACE**

93492

2. Principal Place of Business  
 5617 N.W. 113th Avenue

Suite, Apt. #, etc.

3. Mailing Address  
 5617 N.W. 113th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number  
 65-1149589

Applied For  
 Not Applicable

Zip  
 33178-3862

Country  
 U.S.A.

Zip  
 33178-3862

Country  
 U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
 Simon Miranda

Street Address (P.O. Box Number is Not Acceptable)  
 5617 N.W. 113th Avenue

City  
 Miami,

FL

Zip Code  
 33178-3862

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

(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) ☐

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$8125

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 Aurelio Hernández  
 NAME 5617 N.W. 113th Avenue  
 STREET ADDRESS Miami, FL 33178-3862  
 CITY-ST-ZIP

TITLE D Zurilay Hernandez  
 NAME 5617 N.W. 113th Avenue  
 STREET ADDRESS Miami, FL 33178-3862  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)