

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90190 015 \*\*\*150.00

0361928 AV

**DOCUMENT # P02000020476**

1. Entity Name  
**JORGE A. BARRAGAN, P.A.**



Principal Place of Business  
**1040 WESTON ROAD #105  
WESTON FL 33326**

Mailing Address  
**1040 WESTON ROAD #105  
WESTON FL 33326**



2. Principal Place of Business

3. Mailing Address

**16732 Hemingway Dr 16732 Hemingway Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**WESTON, FLORIDA**

City & State  
**WESTON, FLORIDA**

4. FEI Number  
**75-3006990**

Applic For  
Not Applicable

Zip  
**33326**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GBS CONSULTANTS  
1290 WESTON ROAD STE 210  
WESTON FL 33326**

Name **GBS CONSULTANTS**

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

**1290 Weston Rd. Ste. 306**

City **WESTON FL** Zip Code **33326**

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 *Mano Arpueña*

(NOTE: Registered Agent signature required when reinstating)

DATE

**April 23/03**

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D BARRAGAN, JORGE A**  
STREET ADDRESS **1040 WESTON ROAD #105**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 23/03**

Date

Daytime Phone #

CR2E034 (10/02)