

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000030080

1. Entity Name
BARBELLO PROPERTIES, INC.



FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90124 049 ***150.00

Principal Place of Business
1501 CHESTFIELD COURT
ORLANDO FL 32837

Mailing Address
1501 CHESTFIELD COURT
ORLANDO FL 32837



2. Principal Place of Business

11501 CHESTFIELD CT
Suite, Apt. #, etc.

3. Mailing Address

11501 CHESTFIELD CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FLORIDA
Zip
32837

City & State
ORLANDO, FL
Zip
32837

4. FFL Number
73-1433843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DILONE, JOSE D
1501 CHESTFIELD COURT
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

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

11501 CHESTFIELD COURT

City ORLANDO

FL

Zip Code 32837

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-03

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 P
NAME BARINAS, FROILAN
STREET ADDRESS 490 TAPPAN ROAD
CITY-ST-ZIP NORWOOD NJ 07648

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS
NAME BELLO, ANDRES
STREET ADDRESS 47 CRESCENT AVENUE
CITY-ST-ZIP CLIFFSIDE PARK NJ 07010

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-03

CR2E034 (10/02)