

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90312 028 ***150.00

0203760 AV

DOCUMENT # P02000040650

1. Entity Name
BARRTECH MEDICAL SERVICES, INC.



Principal Place of Business
1455 NW 14TH STREET
MIAMI FL 33125

Mailing Address
1455 NW 14TH STREET
MIAMI FL 33125



2. Principal Place of Business

2721 SW 137 Ave

Suite, Apt. #, etc.
Ste 114

City & State
Miami, FL

Zip
33175

Country
USA

3. Mailing Address

2721 SW 137 Ave

Suite, Apt. #, etc.
Ste 114

City & State
Miami, FL

Zip
33175

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARROCAS, TERESA
1455 NW 14TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name
Ramon Rivera
Street Address (P.O. Box Number is Not Acceptable)
2721 SW 137 Ave
Suite 114
City
Miami FL Zip Code
33175

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
BARROCAS, TERESA
1455 NW 14TH STREET
MIAMI FL 33125 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARROCAS, TERESA
1455 NW 14TH STREET
MIAMI FL 33125 ☒ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSTD
Ramon Rivera
2721 SW 137 Ave
Miami, FL 33175 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 empowerments.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 305-531-2502
Date Daytime Phone #

CR2E034 (10/02)