## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400010981  1. Entity Name BARTEC, INC.								S	or 1 /, ecreta 04-17-2001	ary o	f Sta	ite	
5151	N.W. 45T	ce of Busines H.TERRACE EEK FL 33073		Mailing Address 5151 N.W. 45TH TERRACE COCONUT CREEK FL 33073					1	; (4)			
2.	Principal Place of Business			3. Mailing Address									
	Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
	City & Star	te		City & State			4.	. FEI Number	65-046736	63		plied For at Applicable	
	Zip		Country	Zip	itry	5.	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current F			Registered Agent	Name	7. Name and Address of New Registered Agent							
	5151		GIO 1 TERRACE EK FL 33073			Street Address (P.O. Box Number is Not Acceptable)							
						City				FL	Zip Code	e	
8.	he above	named entity	y submits this statement for	Led office or re	gistered a	agent, or both, in	n the State of F		1				
SiG	NATURE House publical bases at languagement and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
	Tax filing		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00 f State	Trust F	n Campaign Fi und Contributi	on. $\square$	Added	May Be to Fees	
11. TITLE		D	OFFICERS AND D	Delete	12.	<u> </u>	A	DDITIONS/CH	ANGES TO OF		DIRECTORS  Change	Addition	
	et address st-zip	,	, Sergio . 45th Terrace t Creek FL 33073			E ET ADDRESS -ST-ZIP							
_ '	ET ADDRESS			☐ Delete		ET ADDRESS					Change	Addition	
TITLE				☐ Delete	TITLE	1			•		☐ Change	Addition	
CITY TITLE NAME	ST-ZIP			☐ Delete	CITY- TITLE NAMI	-ST-ZIP	·				☐ Change	Addition	
TITLE NAME STREE	ET ADDRESS			☐ Celete	TITLE NAMI STRE	ET ADDRESS			<u></u>		Change	Addition	
TITLE NAME STREE				☐ Delete	TITLE NAME STREE						☐ Change	Addition	
	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 Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  Sergio Baycala, President  3/15/01 954-446-5167  Date  Date  Despire Priore *												