## FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90376 039 \*\*\*150.00

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

DOCUMENT #

# **P95000083228** 

1. Entity Name

BECK & BARRIOS, P.A.



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Principal Place of Business 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308			2846-/	Mailing Address 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308					<b></b>			
2. Principal F	Place of Busin	ess	3. Mai	3. Mailing Address				!	<b>ji</b> ni <b>10</b> 14 <b>jin</b> i 10			
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. 1	4. FEI Number 59-3343725			oplied For ot Applicable	
Zip		Country Zip Cou				5. Certificate of Status Desired				\$8.75 Additional Fee Required		
6. Name and Address of Current Re				jistered Agent			7. Name and Address of New Registered Agent					
						Name						
	J. VICTOR				Street Address (P.O. Box Number is Not Acceptable)							
2846-A RE					·							
IALLAHA	SSEE FL 32	308										
						City		•	FL	Zip Cod	e	
	named entity ions of regist		for the purp	ose of changing its	registere	ed office or regi	istered ag	ent, or both, in the State of	Florida. I am fa	miliar with,	and accept	
SIGNATURE .	Signatura broad	or printed name of registered age	ot and title 3 ann	linable (NOTE	E: Basistara	d Agent signature req	ruiro d suban ra	nicetatica)	DATE			
	Signature, typeu	or printed fighter or registered age	ili and ilie ii app	ilicabile. (NOTE	egisteret	Agent signature red	Junea when he	anstatut)				
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 Trust Fund Contribu			May Be to Fees	
10. OFFICERS AND DIRECTORS							AD	) DITIONS/CHANGES TO O	FEICERS AND I	DIRECTORS	S IN 11	
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NAME	BECK, JOI	HN H		L Delete	NAME						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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CITY-ST-ZIP		SEE FL 32308		7700		ST-ZIP				-		
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NAME	BARRIOS, J V				NAME							
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. Victor Barrios

1/29/03 L

850-482

Daytime Phone