

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080447

1. Entity Name

BARONFIELD INVESTMENTS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90187 001 ***150.00

Principal Place of Business

701 BRICKELL AVENUE #850
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE #850
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0715679**

Applied For

Not Applicable

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

SULLIVAN, JOHN S
701 BRICKELL AVENUE #850
MIAMI FL 33131

Name

CT CORPORATION SYSTEMS

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

1200 South Pine Island Road

City

Plantation

FL

33324

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.

SIGNATURE

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

4/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPSA** ☐ Delete
NAME **DE OTADUY, JAVIER** ✓
STREET ADDRESS **LE CASA BIANCA BLA 3ET #3 17 BLVD. DU LARV**
CITY-ST-ZIP **MONTECARLO 98000, MONACO**

TITLE **DPSA** ☒ Change ☐ Addition
NAME **JAVIER DEK OTADUY**
STREET ADDRESS **RESIDENCE PARK SAINT ROMAN APT 802**
CITY-ST-ZIP **AVENIDA SAINT ROMA 98000 MONTECARLO MONACO** ☐ Change ☐ Addition

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Javier De Otaduy
JAVIER DE OTADUY

4/20/01

Date

305-381-8340

Daytime Phone #

CR2E034 (10/00)