

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098031

1. Entity Name

BUSINESS AUTOMATION RESOURCES, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90033 011 ***150.00

Principal Place of Business

Mailing Address

8273 N.W. 188TH TERR.
MIAMI FL 33715

P.O. BOX 170158
MIAMI FL 33017-0158

2. Principal Place of Business

3. Mailing Address

675 NW 167 St

675 NW 167 St

Suite, Apt. #, etc. G-20

Suite, Apt. #, etc. G-20

City & State Miami FL

City & State Miami FL

Zip 33015

Country

Zip 33015

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0720635

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

CATES, JOHN R
1802 N. UNIVERSITY DR.
#121
PLANTATION FL 33322

Name

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

City

FL

Zip Code

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

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, 2000 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 PD
NAME LORA, RAFAEL J
STREET ADDRESS 8273 N.W. 188TH TERR.
CITY-ST-ZIP MIAMI FL 33715 ☐ Delete

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

TITLE VP
NAME CATES, JOHN R
STREET ADDRESS 1802 N. UNIVERSITY DR. #121
CITY-ST-ZIP PLANTATION FL 33322 ☒ Delete

TITLE VP
NAME LORA, RAFAEL J.
STREET ADDRESS 8273 NW 188 TERR
CITY-ST-ZIP MIAMI FL 33015 ☒ Change ☐ Addition

TITLE ST
NAME LORA, RAFAEL J
STREET ADDRESS 8273 N.W. 188TH TERR.
CITY-ST-ZIP MIAMI FL 33715 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 empowerments.

SIGNATURE:

Rafael J. Lora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #