

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90183 032 \*\*\*158.75

**DOCUMENT # P97000035480**

1. Entity Name  
**BAROLO CORPORATE, INC.**

Principal Place of Business  
**7728 ABBOTT AVE**  
**#301**  
**MIAMI FL 33141**

Mailing Address  
**7728 ABBOTT AVE**  
**#301**  
**MIAMI FL 33141**

2. Principal Place of Business  
**3005 NE 190 St.**  
 Suite, Apt. #, etc.  
**# 12203**

3. Mailing Address  
**3005 NE 190 ST.**  
 Suite, Apt. #, etc.  
**# 12203**

City & State  
**AVENTURA FL 33180**

City & State  
**AVENTURA FLORIDA**

Zip  
**33180**

Country  
**[REDACTED]**

Zip  
**33180**

Country  
**[REDACTED]**

4. FEI Number **65-0755445**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**BALBUDO, JORGE LUIS**  
**7728 ABBOTT AVE #301**  
**MIAMI FL 33141**

## 7. Name and Address of New Registered Agent

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, 2002 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

<input checked="" type="checkbox"/> <b>FILE</b>	<input type="checkbox"/> Delete
NAME <b>D BALBUDO, JORGE LUIS</b>	
STREET ADDRESS <b>5600 COLLINS AVE., STR 6K</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-02**

Date

**786-251 3589**

Daytime Phone #

CR2E034 (9/01)