

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056618

1. Entity Name  
**ANESBAR CORPORATION**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90084 045 \*\*\*158.75

Principal Place of Business

8325 NW 30TH TERR  
MIAMI FL 33122  
US

Mailing Address

P.O. BOX 520067  
MIAMI FL 33152  
US

2. Principal Place of Business

2665 S. Bayshore Dr.

3. Mailing Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

900

City & State

Miami, Florida

City & State

Miami, FL

4. FEI Number 65-0773757

Applied For

Not Applicable

Zip

33133

Country

US

Zip

33133

Country

US

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARCIA, RAFAEL

8325 NW 30TH TERR  
MIAMI FL 33122

Name

Barcia, Rafael

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

2665 S. Bayshore Dr. Suite 900

City

Miami

FL

Zip Code

33133

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D BARCIA, RAFAEL 24 GRAND BAY ESTATES CIR KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCIA, NELLY 24 GRAND BAY ESTATES CIR KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rafael Barcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

305-477-1968

Daytime Phone #

CR2E034 (10/00)