

**PROFIT CORPORATION
BUSINESS REPORT (UBR)**

P97000056618

Anesbar Corp



11034031

WRITE IN THIS SPACE

NW 13 St.

3. Mailing Address

P.O. Box 490628

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Florida

City & State

Miami, Florida

4. FEI Number

65-0773757

Applied For

Not Applicable

City

Zip

33149

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rafael Barcia

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

9385 NW 13 Street

City

Miami

FL

Zip Code

33172

**NOT WRITE
IN THIS SPACE**

I am the registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept responsibility for, the information furnished in this report.

Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

Fee is \$150.00

---0.00

\$61.25

Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

President
Rafael Barcia
9385 NW 13 Street
Miami, FL 33172

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

I am supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information furnished in this 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an exhibit thereto.

Rafael Barcia

04/24/03

TRUE AND CORRECT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E0345 (12/02)