## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 16, 2002 8:00 am Secretary of State 06-16-2002 90694 042 \*\*\*150.00

1. Entity Name 1

DOCUMENT #

BAR	cola, Inc.			L			
				•	009109		
	DO NOT WRITE	IN THIS SP	ACE				
Principal Place of Business     3. Mailing Address							
OUT OF BUSINESS 5600 N. FLAG			LER DIZIV				
Suite, Apt. #, etc. Suite, Apt. #, etc. # 12-0.5				DO NOT WRITE IN THIS SPACE		•	
City & State			Pard G	Ach, FL 4. FEI Number Applied For Not Applied For Not Applicable			
Zip	Country	West Falu Beach, KL			of Status Desired S8.75 Additional		
		33407	BIN BEACH	7. Name and Address of C	Fee Required		
	DO MOTIM		Name E	Name E210 R. ZATTI			
	DO NOT W		Street Address (P.O. Box Number is Not Acceptable) 56.00 N. FLAG LER DRIVE				
IN THIS SPACE			#1205				
			CityWEs				
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	x Ship Joth		May 30, 200	2			
Sidivaroge	Signature typed or printed name of registered agent		Registered Agent signature re		DATE		
This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.      After May 1, Fee is \$5.				10. Election Campa			
(See crite	ria on back)	Make Check Payable	UBR is \$61.25 to Department of	Trust Fund Cont	ibution. Added to	Fees	
11.	PRESIDENT	DIRECTORS	TITLE			<u>_</u>	
NAME	ME EZIO ZATTI		NAME	• .		12/0	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			CR2E034B (12/01)	
TITLE			TITLE		. •	RZE	
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CITY-ST-ZIP			CITY-ST-ZIP	The second secon	Charles Makes May 1		
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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 on an attachment with an address, with all other like empowered.

561-845-9337

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allachment

\$109 000 5600 N. Flagler Dr. #1205 #1205 #1205 West Palm Beach, FL 33407 May 31, 2002

Dept. of State State of Florida **Division of Corporations** PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I phoned twice to your office in Tallahassee and explained that I did not receive my Annual Report. I explained to the agent that I had moved and the Postal Service didn't forward to the new address. He also explained that there was a backlog of work in the office and just to send the completed report with the standard \$150 dollar fee. I am expediting this back to Tallahassee for processing.

Thanks for your help,

Mr. Ezio Zatti