

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025080

1. Entity Name

BAWEN, INC.

Principal Place of Business

Mailing Address

5072 SW 149 TERRACE
MIAMI FL 33331

5072 SW 149 TERRACE
MIAMI FL 33331

2. Principal Place of Business

17017 NW 11 ST.

3. Mailing Address

17017 NW 11 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip

33028

Country

USA

Zip

33028

Country

USA

4. FEI Number

65-0903515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 OCT -9 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

OWEN, VIVIAN A.
11034 SW 154 PLACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name ELIZABETH DIAMOND

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

17017 NW 11 ST.

City PEMBROKE PINES

FL

Zip Code

33028

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

E. Diamond

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

October 2, 2001

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

TITLE: PSTD
NAME: BARRAZA, ALEX
STREET ADDRESS: 11034 SW 154 PLACE
CITY-ST-ZIP: MIAMI FL 33196 ☐ Delete

TITLE: VP
NAME: BARRAZA, PLINIO ANDRES
STREET ADDRESS: 5072 SW 149 TERRACE
CITY-ST-ZIP: DAVIE FL 33311 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☒ Change ☐ Addition
NAME: BARRAZA, ALEX
STREET ADDRESS: 17017 NW 11 ST.
CITY-ST-ZIP: PEMBROKE PINES FL 33028

TITLE: VP ☒ Change ☐ Addition
NAME: BARRAZA, PLINIO ANDRES
STREET ADDRESS: 17017 NW 11 ST.
CITY-ST-ZIP: PEMBROKE PINES FL 33028

TITLE: ☐ Change ☐ Addition
NAME: 500004653655--8
STREET ADDRESS: -10/25/01--01068--021
CITY-ST-ZIP: *****61.25 *****61.25

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

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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)(l), 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:

Alex Barraza

October 2, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/00)