

2001 UNIFORM BUSINESS REPORT (UBR)

0077864 AV

DOCUMENT # P98000070997

1. Entity Name
BARROSO, INC.

Principal Place of Business
**5540 PACIFIC BLVD., STE 314
BATON RATON FL 33433**

Mailing Address
**5540 PACIFIC BLVD., STE 314
BATON RATON FL 33433**

FILED

01 DEC 24 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0856244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~BARROSO, ALIRIO N~~
**5540 PACIFIC BLVD., STE 314
BATON RATON FL 33433**

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

(NOTE: Registered Agent signature required when reinstating)

10/20/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PVTD** ☐ Delete
NAME **BARROSO, ALIRIO**
STREET ADDRESS **5540 PACIFIC BLVD., STE 314**
CITY-ST-ZIP **BATON RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **400004781044-1**
CITY-ST-ZIP **-01/17/02--01016--010**

TITLE **SD** ☒ Delete
NAME **BARROSO, DUNTALINO**
STREET ADDRESS **5540 PACIFIC BLVD., STE 314**
CITY-ST-ZIP **BATON RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ******150.00 ****150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Alirio Barroso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/01
Date

Daytime Phone #

* CR2E034 (5/01)

Barroso, Inc.
5540 Pacific Blvd. #314
Boca Raton, FL 33433

RE: Barroso, Inc.

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I DID NOT RECEIVE THE ANNUAL
REPORT PAPER correctly IN MY HOUSE. BECAUSE IT'S THE FIRST TIME THAT I
HAVE A CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I
~~PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO~~
FILE THE ANNUAL REPORT.

SINCERELY,

Alirio Barroso

PRESIDENT

Alirio Barroso
