LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

132

DOCUMENT # P98000071139

1. Entity Name
BARRENECHE, CORP

FILED
03 FEB 27 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100014090501
03/14/03--01058--001 **900.00
DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
10550 NW 77 CT	
Suite, Apt. #, etc.: apt 213	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS, FL	City & State
Zip: 33016 Country: USA	Zip Country

DUE BY MAY 1

4. FEI Number: 65-0984137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARLOS E. GUZMAN

Street Address (P.O. Box Number is Not Acceptable): 10550 NW 77 CT-APT 213

City: HIALEAH GARDENS FL Zip Code: 33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Guzman. 02-25-2003
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P98000071139
NAME	carlos E. Guzman
STREET ADDRESS	10550 NW 77 CT-APT 213
CITY-ST-ZIP	MIAMI GARDENS, FL 33016
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CR2E003B (12/02)

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Guzman. 02-25-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 300.00 for the annual report fee with my application.

I did not receive the U.B.R. for the year, 2002 and 2003, or any other notice from the Division of Corporations in respect with the Corporation **BARRENECHE, CORP.**

Thank you for your courtesy in this matter.

CARLOS E. GUZMAN
PRESIDENT