

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10550 NW 77 CT

Suite, Apt. #, etc.

apt 213

City & State

HIALEAH GARDENS, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

33016

USA

DUE BY MAY 1

4. FEI Number

65-0984137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

CGuzman

02-25-2003

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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:

CGuzman

02-25-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Declarative Phrase

STAPLE CHECK HERE

CR2E003B (12/02)

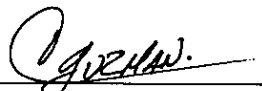
252

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