

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089157

1. Entity Name

BARREDO EXPORTING, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90053 046 ***150.00

Principal Place of Business

Mailing Address

2491 IVAN COURT
ORLANDO FL 32807

2491 IVAN COURT
ORLANDO FL 32807

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 **59-3538427**

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

BARRERO, JUAN
2491 IVAN CT
ORLANDO FL 32807

Name

BARREDO, JUAN

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

City

FL

Zip Code

****CORRECTION OF SPELLING OF LAST NAME****

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

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

(NOTE: Registered Agent signature required when reinstating)

02-05-01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BARREDO, JUAN
2491 IVAN COURT
ORLANDO FL 32807

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSDT

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Please note the changes. They were not reflected on the UBR.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BONNICE, ARNALDO
4939 CASA VISTA DRIVE
ORLANDO, FL 32837

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Barredo

02-05-01

Date

Daytime Phone #

CR2E034 (10/00)