

2000 UNIFORM BUSINESS REPORT (UBR)

6/8/00

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-08-2000 90027 001 ***150.00

DOCUMENT # **P 98000 093805**
 Entity Name
BARATA LOCA, INC.

1. Office of Business Mailing Address
10236 BOCA ENTRADA BLVD #228 BOCA RATON, FL 33428
10236 BOCA ENTRADA BLVD #228 BOCA RATON, FL 33428

2. Principal Place of Business 3. Mailing Address
10236 BOCA ENTRADA BLVD #228 BOCA RATON, FL 33428
10236 BOCA ENTRADA BLVD #228 BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

4. FE# Number **65-0877559** 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 **JULIANA AQUILINO**
 Street Address (P.O. Box Number is Not Acceptable)
3961 N. FEDERAL HWY
 City **POMPANO BEACH** FL Zip Code **33064**

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, typed or printed name of registered agent and title, if applicable: *[Signature]* DATE: **05/01/00**
 (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST ZIP JOSE MARCELO VICENTE <input type="checkbox"/> Delete 10236 BOCA ENTRADA BLVD #228 BOCA RATON, FL 33428 PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Date: **05/01/00** Daytime Phone #: **561-483-2550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)