

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 98000093805
Entity Name
BARATA LOCA, INC.

Principal Place of Business
10236 BOCA ENTRADA BLVD #228
Boca Raton, FL 33428
Mailing Address
10236 BOCA ENTRADA BLVD #228
BOCARATON FL 33428

Principal Place of Business
10236 BOCA ENTRADA BLVD
Suite, Apt. #, etc.
228
City & State
BOCARATON, FL
Zip
33428
Country
USA
3. Mailing Address
10236 BOCA ENTRADA BLVD
Suite, Apt. #, etc.
228
City & State
BOCARATON, FL
Zip
33428
Country
USA

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
(NOTE: Registered Agent signature required when reinstating)
DATE
05/01/00

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

11. OFFICERS AND DIRECTORS

JOSE MARCELO VICENTE 10236 BOCA ENTRADA BLVD #228 Boca Raton, FL 33428 PRESIDENT	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
05/01/00 561-483-2550
Daytime Phone #