

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90615 018 \*\*\*150.00

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DOCUMENT # P99000077239

1. Entity Name

BARTRANS, INC.

Principal Place of Business

5406 SW 141 PLACE  
MIAMI FL 33175

Mailing Address

5406 SW 141 PLACE  
MIAMI FL 33175

2. Principal Place of Business

9016 NW 105 WAY

3. Mailing Address

9016 NW 105 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MEDLEY FLA

City &amp; State

MEDLEY FLA

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0947611

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LA TORRE, HAYDEE D  
8418 CORAL WAY  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

JOHN N ROBERSON

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

9016 NW 105 WAY

City

MEDLEY

FL

Zip Code

33178

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)

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERSON, JOHN N	
STREET ADDRESS	5406 SW 141 PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DE LA TORRE, HAYDEE	
STREET ADDRESS	5406 SW 141 PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN N ROBERSON	
STREET ADDRESS	9016 NW 105 WAY	
CITY-ST-ZIP	MEDLEY FLA 33178	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J GARCIA	
STREET ADDRESS	9016 NW 105 WAY	
CITY-ST-ZIP	MEDLEY FLA 33178	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT GARCIA	
STREET ADDRESS	9016 NW 105 WAY	
CITY-ST-ZIP	MEDLEY FLA 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

JOHN ROBERSON

3/22/02 (305) 805-2405

CR2E034 (9/01)