

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081539

1. Entity Name

BARBEITE & TORRES OUTFITTERS INC.

Principal Place of Business

1650 NW 94 AVE
MIAMI FL 33172

Mailing Address

2011 N.W. 89TH PLACE
MIAMI FL 33172

2. Principal Place of Business

1670 NW 94 AVE

3. Mailing Address

1670 NW 94 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

Miami FLA

Zip

33172

Country

MA-DADE

Zip

33172

Country

MA-DADE

6. Name and Address of Current Registered Agent

HERNANDEZ, ELSIE BARBEITE
1650 NW 94 AVE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBEITE, JORGE C	
STREET ADDRESS	2011 N.W. 89TH PLACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	TORREX, FELIX	
STREET ADDRESS	2493 S.W. 16TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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

Jorge C. Barbeite

Date

04/02/01

Daytime Phone #

305 599-1922



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

14313

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90436 001 ***158.75