

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90184 006 ***550.00

DOCUMENT # P99000081539

1. Entity Name
BARBEITE & TORRES OUTFITTERS INC.

Principal Place of Business

1670 NW 94 AVE
 MIAMI FL 33172

Mailing Address

1670 NW 94 AVE
 MIAMI FL 33172

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0948359

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HERNANDEZ, ELSIE BARBEITE
1650 NW 94 AVE
MIAMI FL 33172

Name

Jorge C. Barbeite

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

1670 N. W. 94th Avenue

City

Miami

FL

33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

7/02/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD ☐ Delete
 NAME BARBEITE, JORGE C
 STREET ADDRESS 2011 N.W. 89TH PLACE
 CITY-ST-ZIP MIAMI FL 33172

TITLE PTD ☒ Change ☐ Addition
 NAME Jorge C. Barbeite
 STREET ADDRESS 1670 N. W. 94th Avenue
 CITY-ST-ZIP Miami, FL 33172-2836

TITLE VSTD ☐ Delete
 NAME TORREX, FELIX
 STREET ADDRESS 2493 S.W. 16TH TERRACE
 CITY-ST-ZIP MIAMI FL 33145

TITLE VSD ☒ Change ☐ Addition
 NAME Felix Torres
 STREET ADDRESS 1670 N. W. 94th Avenue
 CITY-ST-ZIP Miami, FL 33172-2836

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/02/02

(305) 599-1922

Date

Daytime Phone #

CR2E034 (4/02)